IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

- - -

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION :HON. DAN A. POLSTER
:MDL NO. 2804
:
APPLIES TO ALL CASES :NO.
:1:17-MD-2804

- HIGHLY CONFIDENTIAL -
SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

- - -

December 14, 2018

- - -

Videotaped sworn deposition of COLLEEN McGINN, taken pursuant to notice, was held at GOLKOW LITIGATION SERVICES, One Liberty Place, 1650 Market Street, Philadelphia, Pennsylvania, beginning at 9:39 a.m., on the above date, before Margaret M. Reihl, a Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter, and Notary Public.

- - -

GOLKOW LITIGATION SERVICES
877.370.3377 ph | 917.591.5672 fax
deps@golkow.com

APPEARANCES:

WAGSTAFF & CARTMELL LLP
BY: THOMAS CARTMELL, ESQUIRE
KATHLEEN E HUDNALL, ESQUIRE
4740 Grand Avenue, Suite 300
Kansas City, Missouri 64112
(816) 701-1100
tcartmell@wcllp com
khudnall@wcllp com
Representing the Plaintiffs

BRANSTETTER, STRANCH & JENNINGS, PLLC
BY: BENJAMIN A GASTEL, ESQUIRE
The Freedom Center
223 Rosa L Parks Avenue
Suite 200
Nashville, Tennessee 37203
(615) 254-8801
beng@bsjfirm com
Representing the Tennessee Plaintiffs

SKIKOS, CRAWFORD, SKIKOS & JOSEPH LLP
BY: MARK G CRAWFORD, ESQUIRE
UZAIR SALEEM, ESQUIRE
One Sansome Street, Suite 2830
San Francisco, California 94104
(425) 546-7300
mcrawford@skikos com
usaleem@skikos com
Representing the MDL Plaintiffs

APPEARANCES: (cont'd)

MORGAN LEWIS & BOCKIUS LLP
BY: NATHAN J. ANDRISANI, ESQUIRE
ADAM HAMMOUD, ESQUIRE
1701 Market Street
Philadelphia, Pennsylvania 19103-2921
(215) 963-5362
nandrisani@morganlewis.com
adam.hammoud@morganlewis.com
Representing the Defendant Teva

REED SMITH LLP
BY: ANNE E. ROLLINS, ESQUIRE
Three Logan Square
1717 Arch Street
Philadelphia, Pennsylvania 19103
(215) 851-8262
arollins@reedsmith.com
Representing the Defendant,
AmerisourceBergen Drug Corp.

PIETRAGALLO GORDON ALFANO
BOSICK & RASPANTI LLP
BY: LESLIE A. MARIOTTI, ESQUIRE
1818 Market Street
Suite 3402
Philadelphia, Pennsylvania 19103
(215) 988-1451
lam@pietragallo.com
Cardinal Health

ALSO PRESENT: Bill Geigert, VIDEOGRAPHER

TELEPHONIC APPEARANCES:

ARNOLD & PORTER KAYE SCHOLER, LLP
BY: TIFFANY IKEDA, ESQUIRE
777 South Figueroa Street, 44th Floor
Los Angeles, California 90017-5844
(213) 243-4160
tiffany ikeda@arnoldporter com
Representing the Defendants,
Endo Health Solutions, Inc ,
Endo Pharmaceuticals, Inc ,
Par Pharmaceutical, Inc ,
Par Pharmaceutical Companies, Inc
(FKA Par Pharmaceutical Holdings, Inc)

JONES DAY
BY: LOUIS P GABEL, ESQUIRE
150 West Jefferson Avenue
Suite 2100
Detroit, Michigan 48226
(313) 733-3939
lpgabel@jonesday com
Representing the Defendant, Walmart

COVINGTON & BURLING LLP
BY: GABRIEL FULMER, ESQUIRE
One CityCenter
850 Tenth Street, NW
Washington, DC 20001-4956
(202) 662-5769
gfulmer@cov com
Representing the Defendant,
McKesson Corporation

ROPES & GRAY LLP
BY: ELIZABETH TOLON, LAW CLERK
1211 Avenue of the Americas
New York, New York 10036-8704
(212) 596-9374
elizabeth tolon@ropesgray com
Representing the Defendant,
Mallinckrodt

TELEPHONIC APPEARANCES (CONT'D)

MORGAN & MORGAN
BY: JAMES D. YOUNG, ESQUIRE
76 South Laura Street, Suite 1100
Jacksonville, Florida 32202
(904) 398-2722
Representing Plaintiffs

INDEX

EXHIBITS

EXHIBITS (cont'd)

EXHIBITS (cont'd)

E X H I B I T S (cont'd)

E X H I B I T S (cont'd)

THE VIDEOGRAPHER: Good morning. We are now on the record. My name is Bill Geigert, I'm a videographer for Golkow Litigation Services. Today's date is December 14th, 2018, and the time is 9:39 a.m.

This video deposition is being held in Philadelphia, Pennsylvania in the matter of In Re: National Prescription Opioid Litigation for the United States District Court, Northern District of Ohio, Eastern Division.

The deponent is Colleen McGinn. Counsel will be noted on the stenographic record. The court reporter is Peg Reihl, and she will now swear in the witness.

... COLLEEN MCGINN, having been duly sworn as a witness, was examined and testified as follows:

BY MR. CARTMELL:

Q. Good morning, Ms. McGinn.

A. Good morning.

Q. My name is Tom Cartmell, we just

met off the record, and I'm going to be asking you questions first today. I want to say a few things about this process before we get started.

Have you ever had your deposition taken before?

A. No.

Q. Few things. First of all, I want to make sure that you're comfortable, so if at any time during the deposition you need to take a break for any reason, if you need to take a restroom break or talk to your counsel or anything like that, just tell me and we'll go ahead and have a break, okay?

A. Okay.

Q. The other thing is I want to make sure that you're communicating with me or understanding my questions. So if I ever ask you something that you don't understand for any reason or if you just need me to restate a question for any reason, go ahead and just ask me and I'll rephrase it or restate it, okay?

A. Okay.

Q. All right. Let's just kind of start by talking about some of your background,

but, first of all, I want to know what your current residential address is?

A. I live in Pennsville, New Jersey.

Q. Okay. And can you give me that address, please.

[redacted]

Q. And we're in Philadelphia today. How far is that from here?

A. I don't know how many miles. It was about an hour's drive.

Q. I see, okay.

And what is your current business address?

A. It's 145 Brandywine Parkway in West Chester, Pennsylvania.

Q. Are you currently employed by Teva?

A. I am.

Q. That's a pharmaceutical company; is that correct?

A. It is.

Q. How long have you been employed by Teva?

A. I started with Cephalon in 2004. Cephalon was acquired by Teva.

Q. For purposes of this deposition, I'm going to try to distinguish the two, in other words, refer to Cephalon when I'm asking you questions about that and then refer to Teva during that time period when I'm asking you questions about Teva, okay?

A. Okay.

Q. And those are two separate pharmaceutical companies; is that correct?

A. They were, before the acquisition.

Q. Okay. And we'll talk about that acquisition, but was the acquisition by Teva of Cephalon; is that correct?

A. Teva acquired Cephalon.

Q. Okay. Have you ever given deposition -- excuse me, strike that.

Have you ever given testimony under oath at all prior to today?

A. Never.

Q. Okay. Have you ever been a witness in any investigations by federal

prosecutors or the DEA?

A. No.

Q. Have you ever been interviewed by federal prosecutors or the DEA?

A. Define an interview.

Q. Well, I guess what I mean by interview is representatives of a governmental entity, specifically the U.S. Attorney's office or let's include the FDA or the DEA who have asked to speak with you about anything to do with your job responsibilities either at Cephalon or Teva.

A. I interact with DEA on a regular basis. They inspect our facilities. I would -- if you want to consider that an interview, then I've talked to DEA.

Q. That's a good point. Maybe I should have been more specific in my question.

Really what I'm trying to get at is have you ever been interviewed during the course of an investigation by the DEA or FDA or the U.S. Attorneys?

A. We had an informal hearing with DEA at one point in time for a Virginia facility

that was an inspection, but nothing came out of it.

Q. What time period was that?

A. That would have been 20 -- I'm guessing that it was 2013.

Q. Okay. We'll talk a little bit more about that later.

Any other times when you think potentially you were a witness or interviewed related to your job responsibilities by the U.S. Attorneys or the FDA or the DEA?

A. No.

Q. Okay. Now, you understand that in 2008, Cephalon, your former company or employer, pled guilty to illegal off-label marketing?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And you understand that as a result of that guilty plea for illegal off-label marketing by Cephalon, they paid a $425 million fine?

MR. ANDRISANI: Objection.

THE WITNESS: I don't know how much the fine was.
BY MR. CARTMELL:
Q. Were you aware that they paid a fine?
A. Yes.
Q. And as a result of that, is it true that they entered into a corporate integrity agreement?
MR. ANDRISANI: Objection.
THE WITNESS: I don't have details about that.
BY MR. CARTMELL:
Q. Were you at all involved in that investigation by the U.S. Attorneys or the federal government?
A. No.
Q. Okay. In other words, nobody asked you to give an interview or to speak to you about your job responsibilities at Cephalon?
MR. ANDRISANI: Objection, form.
THE WITNESS: No.
BY MR. CARTMELL:
Q. Were you involved at all in

compiling information or preparing documents that were provided to the U.S. Attorneys in that investigation?
A. I don't recall.
Q. Could have been?
A. I honestly don't remember.
Q. You understand you're under oath today?
A. I do.
Q. Okay. Now, I want to look and talk about your employment history a little bit more.
MR. CARTMELL: 703, please.
(Document marked for identification as McGinn Deposition Exhibit No. 1.)
BY MR. CARTMELL:
Q. I'll hand you what's been marked as Exhibit 1.
MR. ANDRISANI: Is it one page or two?
MR. CARTMELL: It's just one.
BY MR. CARTMELL:
Q. Ms. McGinn, this is a copy, I

believe, of your LinkedIn page that we found on the internet.
Do you recognize this?
A. Yes.
Q. Okay. Because I want to talk a little bit about your employment history, I thought this would be a good reference, but it states here that, as you stated, that from 2004 until 2012, you were an associate director, corporate controlled substances.
Do you see that?
A. I do.
Q. Now, it states that that was for Teva Pharmaceuticals, but, actually, at that time you were an employee of Cephalon, which was later acquired by Teva; is that true?
A. From 2004 till the acquisition in 2011, yes.
Q. And, actually, when was it that you first became an employee of Teva?
A. It would have been the day of the acquisition.
Q. Do you -- can you give me some ballpark about when that was, please?

A. I believe that it was October 2011.
Q. Okay. Thank you. Now, you say here that you were the director -- associate director of corporate controlled substances until September of 2012, and so I guess my question is even after the acquisition in October of 2011, you retained that title as associate director, corporate controlled substances?
A. That's correct.
Q. Okay. Tell us, if you can, when you were hired by Cephalon in April of 2004, were you at that time an associate director of corporate controlled substances? Was that your title?
A. No.
Q. Okay. So what was your title when you were hired?
A. It was manager, controlled substances.
Q. Tell us what your duties entailed as the manager of controlled substances.
A. I was responsible for the

activities at the West Chester facility. They had a laboratory. They had a vivarium, a clinical manufacturing or packaging operation at the facility. So I was responsible for the controlled substance activities, DEA records, reports, quota applications, destructions, inventories, reconciliations, inspections, anything that had to do with West Chester.

Q. We're going to talk a lot today about controlled substances.

Will you tell the jury what that means?

A. A controlled substance is a pharma -- a product that DEA regulates or controls.

Q. And in the course of your deposition, because we're talking about times and your duties at pharmaceutical companies, we're talking about prescription pharmaceuticals that are actually categorized as controlled substances; is that right?

A. Not all of the controlled substances we handle would have a prescription. So things that were used in the laboratory for

testing on animals, for clinical trials would not have required a prescription, but in general, yes.

Q. Okay. Thank you for that clarification.

Real quick. I forgot to ask you, is there a reason why on your LinkedIn page you don't mention Cephalon, and you categorize your time from eight -- excuse me -- from April of 2004 through 2011 as being an employee of Teva when you were not?

MR. ANDRISANI: Objection, form.

THE WITNESS: So once the acquisition was completed, Cephalon is Teva, was Teva, and it just didn't seem important on LinkedIn.

BY MR. CARTMELL:

Q. Okay. Now, when was it after you first went to work for Cephalon in 2004 that you received a promotion to associate director?

A. Actually, I received a promotion to senior manager first.

Q. Senior manager of controlled substances?

A. Yes.

Q. When was that?

A. I don't remember the exact year.

Q. What were your job duties as senior manager of controlled substances?

A. It was not much different than what I was already doing.

Q. At that time were you responsible for one of Cephalon's facilities?

A. Yes, for West Chester.

Q. The West Chester facility?

A. Mm-hmm.

Q. Okay. When you were hired at Cephalon, what was your educational background?

A. Just a high school diploma.

Q. So prior to going to work for Cephalon, you had never gone to college?

A. I had completed a couple of years but never got a degree.

Q. I see. Did you have any medical training prior to that time?

A. No.

(Document marked for identification as McGinn Deposition

Exhibit No. 2.)

BY MR. CARTMELL:

Q. Let me hand you what's been marked as Exhibit 2, and I just have a real quick question about this document that was produced by Teva in this litigation.

As you'll see, Exhibit 2 is a series of corporate organizational charts with Cephalon's logo. This document was produced from Teva's internal files, and I want to ask you about the page that has the last three Bates numbers 264.

MR. ANDRISANI: Is that the one up on the screen?

MR. CARTMELL: Yes, sir.

MR. ANDRISANI: Okay.

BY MR. CARTMELL:

Q. Ms. McGinn, this is titled "GLP and GCP & GPvP QA."

Do you see that?

A. Yes.

Q. What is -- tell the jury what that means.

A. Good laboratory practices and

good clinical practices and good pharmacovigilance practices and QA.

Q. Was that actually the department at Cephalon that you were in?

A. Yes.

Q. You'll see in the bottom of this document, there's a date of January 13th, 2010.

Do you see that?

A. Yes.

Q. And you're on this corporate organizational chart from Cephalon. It looks like Ernest Kelly was the vice president, or that would be the highest ranking member of this department; is that correct?

A. Yes.

Q. And then Kathy Callison is senior director of good laboratory practice, quality assurance and DEA compliance.

Do you see that?

A. Yes.

Q. You were directly under Ms. Callison as of January 10, 2010; is that right?

A. Yes.

Q. And it looks like your title was associate director, controlled substances.

Do you see that?

A. Yes.

Q. When was it that you were promoted to associate director, controlled substances?

A. I don't remember the date.

Q. We know it was before January of 2010. Do you think it was somewhere around that time period?

A. It would be a total guess, but it wasn't long before that.

Q. Okay. Now, was this department that you were in essentially a DEA compliance department?

A. Yes.

Q. And did your responsibilities and duties at that time have to do with compliance with the DEA related to the sale or manufacture of controlled substances?

A. Yes.

Q. Now, at the time you were at Cephalon starting in 2004, Cephalon was a

multibillion dollar pharmaceutical company; is that correct?

A. I'm not exactly sure what they were worth or -- but it was a pharmaceutical company.

Q. Okay. Did you know whether or not they were worth over a billion dollars?

A. No. I don't recall that.

Q. I see. So during this time period, though, when you worked at Cephalon, was Cephalon selling controlled substances?

A. Yes.

Q. One of the products that Cephalon was selling that qualified as a controlled substance was a problem -- excuse me -- a product called Actiq; is that right?

A. Yes.

Q. Did I pronounce it right?

A. You did.

Q. Actiq is a fentanyl-based opioid product; is that right?

A. Yes.

Q. And I think the records that we've received in this litigation suggests that

Cephalon first started selling Actiq around 2001.

Is that consistent with your memory?

A. I don't know because it was before I started there. I don't remember when they started.

Q. All you know is that when you started in 2004, that was an opioid product that Cephalon was selling?

A. Yes.

Q. Were they manufacturing and selling it?

A. Yes.

Q. Now, were there any other opioid products at that time that Cephalon was selling?

A. Can you define "selling"?

Q. Well, let's see, I guess what I meant was providing the product for a price to other individuals or entities?

A. Okay. Were there any other opioids to -- you're talking about commercial product to patients, or could it include clinical material?

Q. I think it could include both.
A. And could you repeat the question.
Q. Were there any other opioid products that Cephalon was selling when you started in 2004?
A. No.
Q. Ultimately, at some point, I believe around 2006, Cephalon started selling another opioid product called Fentora; is that right?
A. I don't remember the exact year but Fentora was one of our products.
Q. And Fentora was another opioid product; is that right?
A. Yes.
Q. Was Fentora actually the product that was launched following the time that the prior Actiq opioid went off patent?
A. I don't know when it went off patent.
Q. Okay. For purposes of my question, I want to talk about the sale of Actiq and Fentora, the controlled substance opioid

narcotics that Cephalon was selling to pharmacies or distributors during your eight and a half years and not about the use of those products for clinical trials, okay?
A. Okay.
Q. During that period of time, did your job as associate director of controlled substances involve compliance with the Controlled Substance Act as far as the sale of Actiq and Fentora in the -- in the chain to pharmacies and doctors and distributors?
MR. ANDRISANI: Objection.
THE WITNESS: At what period of time?
BY MR. CARTMELL:
Q. I guess I'm talking about any time when you were associate director of controlled substance.
A. And so could you repeat the question again, please.
Q. Sure. I'm not sure it was a good one. It was pretty long.
What I was trying to find out was did your job as associate director of controlled

substances in the DEA compliance department at Cephalon involve anything to do with the sale of Actiq and Fentora to pharmacies or doctors or patients?
MR. ANDRISANI: Objection.
BY MR. CARTMELL:
Q. And the DEA compliance aspects of that?
MR. ANDRISANI: Objection.
THE WITNESS: First, let me say that we did not sell directly to doctors or pharmacies. We sold to wholesalers or distributors.
BY MR. CARTMELL:
Q. Okay. Let's make that clear for the record. That's a good point.
So during the time that you were at Cephalon and Cephalon was selling opioids on the open market, they were selling them to who?
A. It's my understanding that we were selling directly to wholesalers or distributors.
Q. Give us an example of the customers for Cephalon, the wholesalers and

distributors that Cephalon was selling these opioids too.
A. AmerisourceBergen, Cardinal Health, McKesson.
Q. So I think the three names that you just gave are very large pharmaceutical distributors in the United States; is that correct?
A. Yes.
Q. Sometimes in the documents I've seen reference to the big three.
Have you seen reference to that?
A. I have.
Q. And is that because that's referring to those three companies, AmerisourceBergen, Cardinal and McKesson, those are multibillion dollar distributors of pharmaceuticals, correct?
MS. ROLLINS: Objection to form.
THE WITNESS: I don't know what they're worth.
BY MR. CARTMELL:
Q. All you know is they're very big; fair enough?

A. They're large, yes.
Q. Okay. And so at Cephalon when you were selling Actiq and you were selling Fentora for those eight and a half years while you were there, those products and the customers of Cephalon were the big three, for example, and other wholesale distributors as well; is that fair?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't remember exactly who the customers were, but I'm sure there were others.
BY MR. CARTMELL:
Q. Do you have any idea how many customers there were that Cephalon was selling these opioids to?
A. I do not have an exact number.
Q. So you were clarifying something, and I want to go back to my question now. I'm trying to understand if your job responsibilities while at Cephalon had anything to do with, for example, suspicious order monitoring related to the opioids that you were selling at Cephalon?

A. At the point I became associate director, yes.
Q. And I think you said that you don't recall specifically when that was, but it was close in time to January of 2010?
A. Yes.
Q. Okay. Tell us what your job responsibilities were at Cephalon when you became -- strike that.
What were your job responsibilities at Cephalon related to suspicious order monitoring of those opioids that Cephalon was selling?
MR. ANDRISANI: Objection.
THE WITNESS: My job would have been to report any suspicious orders.
BY MR. CARTMELL:
Q. Okay. We're going to talk more about that later. I want to go back, if we can to, Exhibit 1, which is your LinkedIn page, and we've talked previously that there was the acquisition by Teva of the pharmaceutical company called Cephalon in 2011.
At that time did your job

responsibilities change when you went from Cephalon to Teva as an employee?
A. I would not have been responsible for suspicious order monitoring at that point. Teva would have assumed the responsibility for suspicious order monitoring, but I was in charge of the Cephalon manufacturing sites.
Q. And that started in October of 2011; is that fair?
A. I don't know when that exactly started.
Q. Okay. But around that time?
A. There would have been a transition period, I'm sure.
Q. When you -- strike that.
Did you remain in the position at Teva titled director, DEA compliance from September 2012 until October 2015?
A. Yes.
Q. And tell us during that period of time what your job responsibilities were with respect to suspicious order monitoring of the opioids that Teva was selling?
A. I would have assumed the

responsibility.
Q. Starting when, September?
A. September '12, yes.
Q. Who did you assume the responsibility from at that time?
A. Dennis Ferrell.
Q. Did he leave the company?
A. Not in 2012, but he's since left the company.
Q. Why was it that Dennis Ferrell stopped the responsibilities related to suspicious order monitoring?
MR. ANDRISANI: Objection.
THE WITNESS: Dennis Ferrell was in charge of the DEA compliance group at Teva, and by September 2012 they asked me to assume that role.
BY MR. CARTMELL:
Q. Was he promoted to a different role?
A. No.
Q. Where did he get transferred to, what job?
A. I don't know what his title was.

Q. When you started in September 2012 as the director of DEA compliance at Teva Pharmaceuticals, what did your job entail?

A. All of the DEA compliance activities at the facilities, all of the Teva facilities, the Cephalon facilities and suspicious order monitoring.

Q. When -- strike that.

So as the director of DEA compliance at that time at Teva Pharmaceuticals in September of 2012, were you responsible for all DEA compliance in all of the facilities for Teva?

A. The only piece that I was not responsible for at that point was the quota applications. Dennis still handled the quota.

Q. What do you mean by "applications"?

A. So to manufacture Schedule II drugs, we have to submit an application to DEA to procure Schedule IIs, and so you have to justify through an application that you submit to DEA.

Q. When Teva acquired Cephalon in approximately October of 2011, they acquired the opioids that Cephalon had been selling; is that correct?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. That included Actiq and Fentora?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And I didn't ask you this, but Actiq and Fentora are fentanyl-based opioids; is that right?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And those would be considered high risk opioids; is that fair?

MR. ANDRISANI: Objection, form.

THE WITNESS: They're Schedule IIs like any other Schedule II.

BY MR. CARTMELL:

Q. But you know from your experience

and speaking at Buzzeo conferences, dealing with the DEA over the years, that there are certain opioid drugs that are classified as high risk or higher risk, correct?

MR. ANDRISANI: Objection.

THE WITNESS: All Schedule IIs are Schedule IIs. They all carry a risk of abuse and diversion.

BY MR. CARTMELL:

Q. Are some higher risk than others?

MR. ANDRISANI: Objection.

THE WITNESS: There's a risk of abuse.

BY MR. CARTMELL:

Q. Are some opioids like Actiq and Fentora or oxycodone higher risk for, for example, abuse and diversion?

MR. ANDRISANI: Objection form.

THE WITNESS: All Schedule IIs are high risk for abuse and diversion.

BY MR. CARTMELL:

Q. Okay. And that's really what I was getting at.

These are high risk drugs, these

opioids that Cephalon was selling and Teva has been selling for abuse and diversion, correct?

MR. ANDRISANI: Objection.

THE WITNESS: They were Schedule IIs.

BY MR. CARTMELL:

Q. Okay. I don't mean to -- I just want to make sure the record is clear. You said a minute ago -- isn't it true, Ms. McGinn, that Fentora and Actiq, drugs like oxycodone are high risk drugs for diversion and abuse?

MR. ANDRISANI: Objection, form.

BY MR. CARTMELL:

Q. In your words?

A. And I said all Schedule IIs are at risk for abuse and diversion.

Q. You said high risk, didn't you?

A. Okay, they're high risk.

Q. Okay. Now, when you took over at Teva as the director of the DEA compliance group, did the buck stop with you, so to speak, with respect to all DEA compliance related to the opioids?

MR. ANDRISANI: Objection.

THE WITNESS: Did the buck stop with me? I mean, I reported in to somebody else who -- where the buck would have stopped, but I assume the responsibility for DEA compliance.
BY MR. CARTMELL:
Q. Okay. But the buck stopped with the person over you in DEA compliance I think is what you're saying?
A. Yes.
MR. ANDRISANI: Objection form to the question.
BY MR. CARTMELL:
Q. And who was that in September of 2012?
A. I reported to Chris Lowery.
Q. And what was Mr. Lowery's position?
A. He was the corporate security officer. I reported to him for a period of about a month.
Q. And then who did you report to after that?
A. He left the company, and I

reported to Laura Queen in HR for a couple more months.
Q. And then who did you report to after that?
A. Karin Shanahan.
Q. How long did you report to her?
A. I don't remember exactly. It was around the time of the Actavis integration that I was moved out from underneath of Karin.
Q. I think that was at some point in 2016.
Is that consistent with your memory?
A. Yeah, somewhere around there.
Q. Okay. We talked about Cephalon but -- strike that.
As far as Teva as a pharmaceutical company when you started there in approximately October of 2011, was Teva already selling and manufacturing opioid drugs?
A. I don't remember what their product line is -- was, to be honest.
Q. You don't know --
A. I remember a couple of products,

but not the entire product line.
Q. Okay. Let me go back and make the record clear on that.
When you started in approximately October of 2011 as an employee of Teva, it's your recollection that at that time, Teva had been for some period of time selling opioids?
A. I'm not sure. At the time of the acquisition, my responsibilities remained at Cephalon, and we didn't really discuss the portfolio for Teva or what products they had.
Q. All right. But I think you just said a minute ago, and I just want to follow up on that to make it clear, that you knew that when you started at Teva, there were a few opioid products that Teva was selling; is that fair?
MR. ANDRISANI: Objection.
THE WITNESS: I'm saying that I knew they had Schedule IIs. I don't know -- I don't remember if I knew in 2012 which opioids or if they even had opioids. I don't remember.
BY MR. CARTMELL:

Q. Mr. Hasler, who was a designated 30(b)(6) witness or corporate representative for Teva, was deposed in this litigation and testified that Teva had been selling opioid products since 2006.
If that's true, do you have any reason to dispute that?
MR. ANDRISANI: Objection, form.
THE WITNESS: No.
BY MR. CARTMELL:
Q. I take it shortly after you began as an employee at Teva in October of 2011 and then were or became the associate director -- strike that.
I take it that shortly after you became the director of DEA compliance at Teva in 2012, you learned that, in fact, Teva had been selling opioids for a period of time, correct?
A. At the time of the promotion in 2012, I became more familiar with the manufacturing sites and the products that they manufactured.
Q. Is that because at that time you now had to become responsible for not only

Cephalon's sites related to TVA -- DEA compliance but also Teva's sites and facilities related to DEA compliance?

A. Correct.

Q. And I take it at that time in 2012, you then learned that Teva was not only now selling Actiq and Fentora, the opioids that they had acquired from Cephalon, but they had also been selling generic opioids for a period of time prior to the time that you went to Teva, fair?

A. Yes.

Q. Do you have any idea how many opioid products, different opioid products that Teva had been selling as of 2012 when you got there?

A. No.

Q. You just know it was several products?

A. Yes.

Q. And now, I noticed from the documents that were produced from your custodial file, at this point you had been described as the head of the largest network of controlled

substance sites in the pharmaceutical industry; is that correct?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And you've also been classified or Teva has as the largest manufacturer of controlled substances in the pharmaceutical industry, correct?

MR. ANDRISANI: Objection.

THE WITNESS: I'd say generic, yes.

BY MR. CARTMELL:

Q. Okay. And let's explain that for the jury.

There are generic opioids, and there are brand name opioids; is that correct?

A. Yes.

Q. Explain that to the jury, what the difference is.

MR. ANDRISANI: Objection, form.

THE WITNESS: I mean, I'm maybe not qualified to really explain it well, but a brand is where you have your own

product and it's yours, you have a patent protection. Whereas a generic is the off-label from the brand.

BY MR. CARTMELL:

Q. So is it fair to say that your understanding is that Teva, the pharmaceutical company that you're working for and have been for several years, is the largest manufacturer of generic opioids in the United States?

MR. ANDRISANI: Objection.

THE WITNESS: I -- could you repeat the question, please.

BY MR. CARTMELL:

Q. Teva is the largest manufacturer of generic opioids in the United States, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: As of when?

BY MR. CARTMELL:

Q. I was just actually asking about now, presently.

MR. ANDRISANI: Objection.

THE WITNESS: I can't say that presently, no.

BY MR. CARTMELL:

Q. They were at one time?

A. I can't say that they were --

MR. ANDRISANI: Objection.

THE WITNESS: -- the largest manufacturer of an opioid. They are the largest manufacturer of generic pharmaceuticals, for sure.

BY MR. CARTMELL:

Q. Do you know if they're the largest manufacturer of generic opioids in the United States?

MR. ANDRISANI: Objection.

THE WITNESS: I don't.

(Document marked for identification as McGinn Deposition Exhibit No. 3.)

BY MR. CARTMELL:

Q. Ms. McGinn, we were produced documents in this litigation, including copies of your performance reviews over the time that you have worked for Teva, and I want to ask you a few questions about that.

I've handed you Exhibit 3. Do

you see that?
A. Yes.
Q. This is a copy of your 2018 midyear review.
Do you see that?
A. I do.
Q. How often since you've been an employee at Teva are you reviewed?
A. Since I've been at Teva, they're required to do it at least annually.
Q. This is a midyear review. Are you typically reviewed twice a year?
A. That is the current procedure.
Q. How long has that been going; do you know?
A. I don't.
Q. During 2011 and 2012 during the period of time when you were transitioning from Cephalon to Teva as an employee once Teva acquired Cephalon, were you reviewed during those periods of time?
A. I don't recall.
Q. Well, do you recall ever having a year when you didn't have a review of your

performance?
A. I don't.
Q. Okay. Your best guess is that every year that you've worked for Cephalon or Teva, you actually had a performance review, fair?
A. It's hard to say during the transition year what would have happened.
Q. Who would know that?
A. I assume HR.
Q. And what does your review consist of?
MR. ANDRISANI: Objection, form.
THE WITNESS: Are you -- are you -- could you ask --
BY MR. CARTMELL:
Q. Typical review, what does it consist of?
MR. ANDRISANI: Objection.
THE WITNESS: So it's your performance based on the goals.
BY MR. CARTMELL:
Q. And we can see from this document that you were asked to provide input; is that

correct?
A. Yes.
Q. And talk about all the good things that you've done as an employee, correct?
MR. ANDRISANI: Objection.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And then you get feedback, I take it, from your superiors related to your performance as well; is that right?
A. Correct.
Q. I want to ask you about on this performance review, if you go down to "Goal Details."
Do you see that.
A. Yes.
Q. Under b. it states, "Support litigation defense with necessary documents and information."
Do you see that?
A. Yes.
Q. So part of your job as of late has been to behind the scenes sort of collect documents and provide information related to

this case; is that right?
MR. ANDRISANI: Objection to form.
THE WITNESS: A portion.
BY MR. CARTMELL:
Q. How much time or what percentage of your job duties have been related to working on this litigation behind the scenes?
MR. ANDRISANI: Objection, form.
THE WITNESS: My time spent on this has been minimal.
BY MR. CARTMELL:
Q. Okay. Well, as part of your midyear legal -- excuse me, strike that.
As a part of your midyear review, it states one of two things here is that you are working on this case, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: It's not necessarily me. It could be somebody working for me.
BY MR. CARTMELL:
Q. So you have the ultimate duty or are given credit, I guess, in your review for

working on this litigation behind the scenes, but you've asked somebody else to collect the materials for you; is that what you're saying?
MR. ANDRISANI: Objection, form.
THE WITNESS: It was part of my goals.
BY MR. CARTMELL:
Q. Okay. And did you actually achieve your goals and work on this litigation behind the scenes to collect documents and provide information?
MR. ANDRISANI: Objection, form.
THE WITNESS: I have provided information and documents.
BY MR. CARTMELL:
Q. Who to?
A. Several people.
Q. Who are they?
A. In-house legal, Adam.
Q. Your attorneys?
A. Yes.
Q. And have you been inside the company sort of the point person related to compliance for this litigation?

MR. ANDRISANI: Objection, form.
THE WITNESS: No.
BY MR. CARTMELL:
Q. Who has been; do you know?
MR. ANDRISANI: Objection.
THE WITNESS: I would say Joe Tomkiewicz.
BY MR. CARTMELL:
Q. Is that who you have actually asked to gather the information and documents?
A. I have not asked.
Q. You mentioned previously that you may be asking some others to do that work for you.
Who have you asked to do the work?
A. If I asked somebody to do the work, it would have been Joe.
Q. Okay. Have you ever asked him?
A. I don't know that I have.
Q. How many hours a week do you spend or does somebody at your direction spend, let's say, for the last year on compiling information and documents related to this

litigation?
MR. ANDRISANI: Objection.
THE WITNESS: I don't know exactly how many, but it was minimal.
BY MR. CARTMELL:
Q. How long has your goal been to support the litigation defense in this case --
MR. ANDRISANI: Objection.
BY MR. CARTMELL:
Q. -- as indicated -- let me start over.
How long has your goal been, as indicated on your performance review, to support the litigation defense with necessary documents and information in this case?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't remember exactly when that was entered.
BY MR. CARTMELL:
Q. Do you have an approximation of how long you have been -- strike that.
Do you recall that -- let me start over.
Do you know who Senator McCaskill

is?
A. I do.
Q. Senator McCaskill is from Missouri; is that right?
A. I don't know where she's from.
Q. Senator McCaskill has requested through a subpoena on behalf of a committee that she serves on in the Senate to receive documents from Teva; is that correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I think I saw the letter.
MR. CARTMELL: Let me hand you Exhibit 4.
(Document marked for identification as McGinn Deposition Exhibit No. 4.)
BY MR. CARTMELL:
Q. Ms. McGinn, I'm going to actually hand you what's been marked as Exhibit 4.
And, just for the record, Exhibit 4 actually is going to be an e-mail with attachments to it that include the letter from Claire McCaskill?

MR. ANDRISANI: Do you have the letter here?
MR. CARTMELL: I have a copy of the letter here. What I would ask is that we can display it. She's got a display right in front of it, and then we will supplement the record with a copy, if that's fair enough for you.
MR. ANDRISANI: That's fine. Can Ms. McGinn read the letter in hard copy? It's easier than on the screen.
MR. CARTMELL: No problem, and I'll just get that back when she's done.
MR. ANDRISANI: Sure.
(Witness reviews document.)
THE WITNESS: Is this another copy of the same letter?
BY MR. CARTMELL:
Q. There are two letters. I'm just going to ask you questions about the first letter.
A. Okay.
MR. ANDRISANI: That will be the one attached for the record, just the

one dated May 16th?
MR. CARTMELL: Yeah, when we supplement the record --
THE WITNESS: They're both dated --
MR. CARTMELL: -- we'll put everything that was on the document as produced.
MR. ANDRISANI: Perfect.
BY MR. CARTMELL:
Q. Ms. McGinn, I want to ask you some questions about this Exhibit 4 that I've provided to you, but if you look, you'll see that there's an e-mail from you to Michelle Osmian dated May 22nd, 2018; is that correct?
A. Yes.
Q. And you're asking Ms. Osmian if she had seen the attachments which are letters from Senator McCaskill, correct?
A. Yes.
Q. Who is Ms. Osmian?
A. Michelle works at Teva.
Q. What is her position?
A. I don't -- I don't know her

title, but she's customer service.
Q. Why is it that you would ask her if she had seen the letters that we're about to go over from Senator McCaskill?
A. I was concerned about the DOD contracts.
Q. Okay. And DOD is Department of Defense?
A. Yes.
Q. And at that time Teva had in place contracts with the Department of Defense to provide opioids; is that right?
MR. ANDRISANI: Objection, form.
THE WITNESS: That's what the letter stated.
BY MR. CARTMELL:
Q. And you knew that, correct?
A. I did not.
Q. Okay. Let's go ahead and go through the letter, and I want to ask you some questions.
Now, this is a letter you'll see -- one second, sorry.
THE WITNESS: Is it okay if we

take a bathroom break while we're doing this.
MR. CARTMELL: You want to take a bathroom break.
THE WITNESS: Is that okay? Sorry.
MR. ANDRISANI: Absolutely.
MR. CARTMELL: Sure, that's okay.
MR. ANDRISANI: It will give us a chance to put the letter up on the screen.
MR. CARTMELL: Yeah, perfect.
THE VIDEOGRAPHER: Off the record at 10:27.
(Brief recess.)
THE VIDEOGRAPHER: We are back on the record at 10:37.
BY MR. CARTMELL:
Q. Ms. McGinn, we're back on the record after a short break. Are you ready to proceed?
A. Yes, thank you.
Q. Okay. So before the break --
MR. CARTMELL: Go ahead.

MR. ANDRISANI: Tom, may I put on the record what we discussed?
MR. CARTMELL: Yes.
MR. ANDRISANI: Thank you very much.
I had been objecting to form because of the phrasing of that Teva sells opioids and they sell products that contain opioids or opioid-containing products. Instead of objecting to form each time, Ms. McGinn understands what he's talking about, I understand what he's talking about, but we've agreed that that objection will stand.
MR. CARTMELL: Thank you.
MR. ANDRISANI: Thank you.
BY MR. CARTMELL:
Q. And, actually, that's a very good point by your counsel, Ms. McGinn. I want to make it clear that you have understood when I'm talking about opioids that I'm actually referring to opioid-containing products, correct?

A. Yes.
Q. For example, Actiq and Fentora, those types of products that Cephalon was selling when you worked there and the opioid-containing products that Teva has sold, when I have referred to opioids, you've understood that I have been referring to those types of products, fair?
A. Fair.
Q. Okay. Before the break we were talking about a letter that Teva received and they have produced from their internal files in this case, and, actually, it came from your file, from Senator McCaskill to the Honorable James Mattis, Secretary, Department of Defense, and we're showing the jury a copy of that letter right now.
Do you see that?
A. I do.
Q. Now, this was a letter that somehow you read, it got to you; is that fair?
A. Yes.
Q. Do you know how it got to you?
A. According to this e-mail, it came

from Joe Tomkiewicz.
Q. Joe Tomkiewicz, we'll talk about, his deposition has been taken in this case. He was actually the manager of suspicious order monitoring in the DEA compliance department; is that fair?
MR. ANDRISANI: Objection to form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Is that still his position at Teva?
A. Yes.
Q. Okay. And so he would report directly to you?
A. He does.
Q. And did at this time, I take it, back in May?
A. Yes.
Q. So Joe Tomkiewicz sends this letter to you, and then you forward it on to somebody, you said Ms. Osmian in customer service; is that right?
A. Yes.

Q. You said you did that because you were concerned about the contracts Teva has with the Department of Defense, right?
A. Yes.
Q. I want to go through this with you, and you can see that this is on letterhead from the United States Senate. It's dated May 16th, 2018.
And you can see there it states, "Committee on Homeland Security and Governmental Affairs."
Do you see that?
A. Yes.
Q. It says "Dear Mr. Secretary: I write to share information regarding Teva Pharmaceutical Industries, a contractor for the Department of Defense, which has arisen during my recent investigation into the U.S. opioid epidemic."
Do you see that?
A. Yes.
Q. And I should have asked you previously, but Teva Pharmaceutical Industries, is that your employer?

A. Yes.
Q. That's the na -- there's various Teva entities, I know, but that's the name of your employer?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Okay, thank you.
It then goes on and states, "I initiated an investigation into the role high-volume generic opioid manufacturers and distributors have played in fueling the current public health crisis. Over the course of several months, each of the distributors and two of the manufacturers provided documents and information in response to requests concerning their efforts to prevent opioid diversion. Teva, however, refused to provide information in response to my requests."
Do you see that?
A. I do.
Q. "Despite correspondence in which I noted that 'the company's decision to obstruct basic oversight on the opioid epidemic should

deeply concern shareholders,' Teva stated that a response could impact ongoing litigation and chill the willingness of its customers to address opioid abuse."
Do you see that?
A. Yes.
Q. Now, we have established previously that as a part of your duties from your performance review, one of those duties and goals that you've been involved in has been to behind the scenes work on this litigation by providing information and documents, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: On this litigation I have provided documents.
BY MR. CARTMELL:
Q. Okay. And information, I take it?
A. And information.
Q. Okay. Now, when was it that you first learned that Senator McCaskill on behalf of the Committee on Homeland Security and Governmental Affairs was requesting information from Teva about their efforts to prevent opioid

diversion?
MR. ANDRISANI: Objection.
THE WITNESS: I don't know. The letter was not addressed to me.
BY MR. CARTMELL:
Q. I understand. But this was received by your department, fair?
A. No.
Q. Mr. Tomkiewicz received it and provided it to you, correct?
A. He had a copy. I don't know that he received this directly.
Q. One -- strike that.
Did you actually get involved in trying to gather any information that was being requested by Senator McCaskill to provide to the Committee on Homeland Security and Governmental Affairs about the efforts to prevent opioid diversion?
MR. ANDRISANI: Objection.
THE WITNESS: Can you repeat the question.
BY MR. CARTMELL:
Q. I'll start over and try to

rephrase or restate what I'm trying to get at.
Senator McCaskill is asking for information about Teva's actions to try to prevent opioid diversion.
Do you see that?
A. Yes.
Q. And you were at this time the director of the DEA compliance department, correct?
A. Yes.
Q. And part of the duties of the director of DEA compliance would be to make sure that your company, Teva was or had proper safeguards against opioid-containing products' diversion, correct?
A. Yes.
Q. And so if information was going to be provided, your department that you were the head of would have had a lot of this type of information to give to Senator McCaskill, fair?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Did anybody ever come to you and

ask you to gather this information for Senator McCaskill?

MR. ANDRISANI: Objection.

THE WITNESS: I do not recall anyone asking me for information for this.

BY MR. CARTMELL:

Q. Did anybody tell you that they were going to refuse to provide this information because they were worried it could impact the ongoing litigation?

MR. ANDRISANI: Objection, form and to the extent that it asks for -- if you spoke with lawyers about this, you don't need to answer.

THE WITNESS: I spoke with internal legal counsel about the response --

MR. ANDRISANI: I'm going to ask you not to say any more.

BY MR. CARTMELL:

Q. Other than speaking to internal counsel about this, did you talk to anybody else at the company related to Senator McCaskill's

request for information about Teva's actions to prevent opioid diversion?

MR. ANDRISANI: Objection to form.

THE WITNESS: I'm not sure I understand what you're asking.

BY MR. CARTMELL:

Q. Did you talk to anybody else other than your lawyers about this request from Senator McCaskill about the actions your company has taken to prevent opioid diversion?

MR. ANDRISANI: Objection, form.

THE WITNESS: To gather the information or about the letter in general?

BY MR. CARTMELL:

Q. About the letter in general.

A. We probably talked about the letter in general.

Q. What do you recall?

MR. ANDRISANI: Objection.

THE WITNESS: I don't recall specifics.

BY MR. CARTMELL:

Q. Do you recall anything general?

A. No, I don't.

Q. It goes on to state, "Teva's refusal to cooperate with Congressional requests strongly suggests they have something to hide. I'd hope that everyone involved or associated with the company takes note that they're dealing with an entity that's stonewalling a Senate investigation examining a national public health crisis."

Do you see that?

A. Yes.

Q. You stated before that you were concerned about the contracts between Teva and the Department of Defense.

Do you see that?

A. Yes.

Q. Was that why you were concerned?

A. No. That was why I forwarded it to customer service.

Q. Why would customer service have something to do with this response or have something to do with a concern about the contracts between the Department of Defense and

Teva?

MR. ANDRISANI: Objection, form.

THE WITNESS: Because they're the face of the customer, which in this case is DOD.

BY MR. CARTMELL:

Q. So the customer service department -- if I understand what you're saying, the customer service department would be sort of the sales team who would interact with the Department of Defense about the sales of the opioids to the Department of Defense?

A. I wouldn't say they were part of the sales team, but they would receive the orders and process them.

Q. Well, customer service involves sales, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: They're two different departments. There's sales and then there's customer service. Salespeople go out and meet the customers. Customer service processes the orders, handles any interaction with

them after that.
BY MR. CARTMELL:
Q. Related to future sales, correct?
A. I don't know what customer service does exactly. I don't know if they talked to them about future sales.
Q. Do you know if customer service has -- strike that.
Do you know if the customer service department would be considered part of Teva that's involved with sales with the customers or not?
MR. ANDRISANI: Objection, form.
THE WITNESS: They would process the sales.
BY MR. CARTMELL:
Q. Okay. And so the if you turn to the next page it states, "I urge you to consider whether Teva's refusal to comply with my requests affects Teva's present responsibility as a government contractor."
Do you see that?
A. Yes.
Q. What do you know about the

contract between the Department of Defense and Teva related to opioid-containing products?
A. I don't know.
Q. It states, "As the Federal Acquisition Regulation states, federal contractors must 'promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.'"
Do you see that?
A. Yes.
Q. Do you agree with that?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know what the Federal Acquisition Regulation states. I've never read it.
BY MR. CARTMELL:
Q. Okay. But do you agree with the concept or what's stated that Teva must promote an organizational culture that encouraging ethical conduct and a commitment to compliance with the law?
MR. ANDRISANI: Objection, form.
THE WITNESS: I would hope that we're working with an ethical company

and that's part of our culture with a commitment to compliance.
BY MR. CARTMELL:
Q. Right. You're an expert in compliance, correct?
A. Yes.
Q. That's something you strive for, right?
A. I do.
Q. It states, "At the very least, the actions of Teva during my investigation - which has focused on one of the most pressing public health issues in the United States - should prompt a close look at existing financial relationships between the company and the federal government."
Do you see that?
A. Yes.
Q. So it looks like from this letter, Senator McCaskill was putting the Department of Defense on notice that Teva, the company employing you as their DEA compliance director, was not providing information that had been requested by Senator McCaskill related to

opioid diversion prevention; is that right?
A. That's --
MR. ANDRISANI: Objection, form.
THE WITNESS: That's what it says.
BY MR. CARTMELL:
Q. And do you know if, in fact, any of the information that Senator McCaskill on behalf of this Senate committee asked for was ever provided?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't recall.
BY MR. CARTMELL:
Q. But it says that other distributors and manufacturers of pharmaceuticals did provide information.
Do you see that?
A. I saw that.
Q. Did you ever talk to any of the other manufacturers or distributors of pharmaceuticals to ask whether or not they thought it was appropriate to provide this sort of information about preventing opioid diversion?

A. I don't recall. I don't remember.
Q. Did you ever talk to any other representatives from other opioid-containing product distributors or manufacturers about Senator McCaskill's request?
A. We probably discussed it.
Q. You're a member of a lot of groups or organizations that include representatives from many different pharmaceutical companies and pharmaceutical distributors; is that fair?
A. Yes.
Q. What are some of the organizations or groups that you're a member of?
A. The New Jersey Pharmaceutical Industry Group.
Q. I saw that in the documents, that's one.
What is -- is it called AWIG or ADWIG?
A. No. It's actually worse. NJPIG.
Q. NJPIG.
A. Yeah.

Q. That's the New Jersey pharmaceutical group?
A. That's correct.
Q. I've also seen some indication in your files of other groups that you work with that have representatives of multiple different pharmaceutical companies. Tell me some names of others.
MR. ANDRISANI: Objection, form.
THE WITNESS: Yeah, I can't remember. There was another group that Actavis was a part of before we acquired them that I was invited to join, and I believe it was the ADWIG that you're talking about, but I don't remember what it stands for.
BY MR. CARTMELL:
Q. I think it's A-D-W-I-G; is that right?
A. I think so.
Q. But you don't remember what that stands for?
A. No, I came in late and only attended a few meetings with that group.

Q. Some of these groups that you're a member of or actually are involved in lobbying federal regulators like the DEA or the FDA on behalf of opioid manufacturers and distributors; is that correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know that.
BY MR. CARTMELL:
Q. Okay. Sometimes you know that there are organizations of pharmaceutical representatives from manufacturers and distributors of opioids who fight for issues for those organizations?
MR. ANDRISANI: Objection.
THE WITNESS: When you say "fight," what do you mean "fight"?
BY MR. CARTMELL:
Q. Well, if there's issues of regulations, for example, that the DEA or the FDA are trying to put in place, some of these organizations that you're a member of will band together and provide opposition or try to defeat those regulations, fair?
MR. ANDRISANI: Objection, form.

THE WITNESS: No.
BY MR. CARTMELL:
Q. Okay. We'll talk about that in a little while.
I'm interested, do you know with respect to Senator McCaskill's letter whether or not the same lawyers that are representing you in this case represented Teva related to the request for documents and information from Senator McCaskill?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know.
BY MR. CARTMELL:
Q. Okay. I want to change gears here and ask you some questions. Ms. McGinn, do you consider yourself a DEA compliance expert?
MR. ANDRISANI: Objection.
THE WITNESS: I would consider myself someone who has been in DEA compliance a very long time.
BY MR. CARTMELL:
Q. Right, I think since approximately 2004?
A. Before that.

Q. When was it that you first became involved with DEA compliance?
A. I would say it was around 1998.
Q. I'm going to hand you what's been marked as Exhibit 5.
(Document marked for identification as McGinn Deposition Exhibit No. 5.)
BY MR. CARTMELL:
Q. I just have a few questions about Exhibit 5.
This is actually an e-mail string that was produced from your files in this litigation, and I'm just going to ask you quickly about the e-mail from you on the top that's dated October 14th of 2005.
A. (Witness reviews document.)
Q. As you can see, Ms. McGinn, the top e-mail is from you to someone named Tom Marvel.
Who is that?
A. That is my aunt's husband.
Q. So your uncle?
A. Yeah, I guess by law, yes.

Q. Okay. The date of this is October 14th, 2005; is that right?
A. Yes.
Q. So this has been a long time ago, 13 years ago, and it states, "My title is controlled substances manager. I wouldn't say I was important, only when there's a problem. I happened to find a little niche in the pharmaceutical industry that not a lot of people know about or want to get involved in."
What do you mean by that?
MR. ANDRISANI: Objection.
THE WITNESS: There what I meant was that there's not a lot of people that do DEA compliance.
BY MR. CARTMELL:
Q. Not a lot of people that have expertise in that area?
A. Yes.
Q. You then state, "DEA is a little scary and people just don't want to deal with it."
What do you mean by that?
MR. ANDRISANI: Objection.

THE WITNESS: People don't want to get generally involved with DEA.
BY MR. CARTMELL:
Q. "I've been doing it for so long that I've seen and heard almost everything there is with DEA regulations and I try to predict how they're going to react to certain situations."
Now, this is in 2005, and you're basically saying you know everything about the DEA regulations back then, correct?
MR. ANDRISANI: Objection.
THE WITNESS: No.
BY MR. CARTMELL:
Q. And I don't want to put words in your mouth, but you say "I've seen and heard almost everything there is with DEA regulations," correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Almost everything.
BY MR. CARTMELL:
Q. Almost everything, okay.
So since 2005, in the last 13 years, I take it you've seen a lot more related to DEA regulations and learned a lot more; is

that fair?
A. I have seen a lot of things and dealt with a lot of things in 13 years, yes.
Q. And fair to say that at Teva, for example, or Cephalon, you know as much or more than anybody about DEA compliance?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. You state that, I try to predict how DEA is going to react to certain situations.
What do you mean by that?
MR. ANDRISANI: Objection, form.
THE WITNESS: It means that we're trying to adjust our business to the changing regulations.
BY MR. CARTMELL:
Q. Okay. The reason I had that question is, in this case, the regulations that we're going to deal with related to, for example, suspicious order monitoring programs or safeguards to prevent the diversion of controlled substances like opioids.
That law has been in place ever

since the 1970s, correct?
MR. ANDRISANI: Objection.
THE WITNESS: Correct.
BY MR. CARTMELL:
Q. So there really hasn't been any changing regulations, so to speak, related to the suspicious order monitoring program or just the idea that Teva and Cephalon had to have in place at all time safeguards against the diversion of opioids; is that fair?
MR. ANDRISANI: Objection to form.
THE WITNESS: I want to clarify that the regulation itself has not changed, although the way that DEA insinuates what we're supposed to do has changed.
BY MR. CARTMELL:
Q. And we'll talk more about that, but I think I want to make it clear for the record.
The law on the books that says that Teva and Cephalon and pharmaceutical manufacturers of controlled substances who are

distributing those have to have adequate safeguards in place to prevent the diversion of those controlled substances, that law has been the same since the '70s, correct?
MR. ANDRISANI: Objection to form.
THE WITNESS: That's not the exact wording of the law but --
BY MR. CARTMELL:
Q. Pretty close?
A. It has not changed.
Q. Okay. You say "it's fun."
What do you mean by that, it's fun, to try to predict what the DEA is going to do?
A. What I --
MR. ANDRISANI: Objection, form.
THE WITNESS: What I meant by that is that I enjoyed my job.
BY MR. CARTMELL:
Q. Okay. Now, when you say you're trying to predict what they're going to do, does that mean as the DEA compliance officer for these pharmaceutical companies, that your focus

is on whether or not the DEA is going to enforce the law versus actually making sure you're following the law?
MR. ANDRISANI: Objection, form.
THE WITNESS: No.
BY MR. CARTMELL:
Q. In other words, you would agree with me, wouldn't you, that regardless of whether or not DEA is going to enforce the law, you need to make sure that your company is in compliance with the law, fair?
A. I am going to do -- my job is to make sure that we did everything we could to make sure that we were in compliance with the law.
Q. And trying to predict whether or not they're going to enforce things or what they're going to do, do you feel like that's also part of your job?
A. Not whether they're going to enforce it, but how they interpret things maybe.
Q. Now, part of your job as the DEA compliance director is to establish a relationship with the DEA, correct?

MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And, for example, Teva expects you to spend time with the DEA representatives and get to know them, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know that Teva expects that.
(Document marked for identification as McGinn Deposition Exhibit No. 6.)
BY MR. CARTMELL:
Q. I've handed you what's been marked as Exhibit 6, and I will tell you that this was produced from Teva's files. This is another performance review for you from Teva that is 2014 period of time.
Do you see that?
A. Yeah, it was for the 2014 year.
Q. Okay. And if you go to page 8 of 10, I want to ask you a few questions about this.
MR. ANDRISANI: First, let her go

through the document.
MR. CARTMELL: There's honestly really no reason to look at the first seven pages because I'm just -- they have nothing to do with what I'm going to ask about. I'm just going to ask specifically about her comments on page 8.
(Witness reviews document.)
BY MR. CARTMELL:
Q. Ms. McGinn, so I want to ask you about your performance review here, and, again, this is a review where you as an employee are able to give input and state the things, for example, during the year 2014 that you thought were valuable to the company, correct?
A. Yes.
Q. And, for example, if you go to -- strike that.
And, also, your manager, for instance, who is doing the performance evaluating and evaluating you as an employee will give their comments, right?
A. Correct.

Q. If you look in the middle of the page under "Manager comments" it states, "Colleen works very effectively with the DEA during inspections and has often influenced the outcomes in our favor."
Do you see that?
A. I do.
Q. Now, we're going to talk a lot about the DEA today and some about inspections.
Is it true that one of the things that DEA does is they will come to your facilities from time to time and do inspections?
A. Yes.
Q. To make sure that your facilities, and I'm talking about with respect to opioids or controlled substances, are in compliance?
A. Yes.
Q. And one of the issues you have as the DEA compliance director is that oftentimes those audits by the DEA will be unannounced before, for example, correct?
A. Yes.
Q. And so you got to be ready

because the DEA may come into your facility and you got to be prepared, fair?
A. Yes.
Q. Okay. And it's a real advantage to the company if you can figure out when they're coming before they come, isn't it?
MR. ANDRISANI: Objection to form.
THE WITNESS: It's more of an advantage to know when they're coming than to not know. That does not normally give us time to recreate records over a period of two years.
BY MR. CARTMELL:
Q. I understand.
One of the things that you envision your job to entail, I take it, is that you try to influence the DEA's decisions, right?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know that I can influence what's written on DEA records and reports.
MR. CARTMELL: I'm going to object and move to strike. I think

that's a little different than my question.
BY MR. CARTMELL:
Q. One of the things that you try to do as the DEA compliance director at Teva is try to influence the DEA's findings, for example, correct?
A. The only influence I would have is to understand what they're asking for and what they're looking for and provide it in a timely manner. The inspection is based on records and reports.
Q. Below this manager comment talking about you influencing the outcomes in our favor -- strike that.
What do you think your manager means by you are able to influence the outcomes in your favor when the DEA comes to your facilities?
MR. ANDRISANI: Objection to form.
THE WITNESS: I'm not sure what she meant. You'd have to ask her.
BY MR. CARTMELL:

Q. Do you think that's true, though, that you are able to influence the outcomes in your favor, in Teva's favor?
A. I'm able to effectively manage a DEA inspection.
Q. Okay. But by influencing the DEA?
A. I don't under -- I don't know what she means by that.
Q. If you go down to "Employee comments," these are your comments, correct?
A. Mm-hmm.
Q. It states, "We were also able to influence DEA during several inspections this year by leveraging my industry experience and reputation."
Do you see that?
A. Yes.
Q. So is that part of your job at Teva is your seniors want you out there trying to increase your reputation and your relationships in the industry and with the DEA representatives so that you can influence outcomes?

MR. ANDRISANI: Objection, form.
THE WITNESS: I think doing this job as long as I have and meeting so many DEA investigators through inspections and passing them without issue adds to reputation, and if you want to call that influence, that's fine too, but, you know, it's basically having a reputation for handling DEA compliance correctly.
BY MR. CARTMELL:
Q. Okay. But those are your words; you called it influencing, correct?
A. Right.
Q. And you called it leveraging, true, too, correct?
A. That's what it says.
Q. If you go down it states, Our relationship with the Philadelphia DEA office allowed us to gain knowledge about upcoming inspections at other sites prior to serving notice.
Do you see that?
A. Yes.

Q. And so what you're telling your superiors is that you're valuable to the company because you have such a good reputation and such a good relationship with DEA officers that you can find out about unannounced audits before they happen, correct?
MR. ANDRISANI: Objection to form.
THE WITNESS: On certain occasions, and this was not me that they called to say that was coming. This was an employee that worked for me, and they wanted to make sure that he was going to be there in the upcoming days of the inspection.
BY MR. CARTMELL:
Q. Okay. But this talks about two sites, SV and NW, that because of your reputation and your relationship with this DEA representatives, you were able to find out about these audits that were supposed to be unannounced early, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: What it says is our

relationship, and when I say "ours," it's the group.
BY MR. CARTMELL:
Q. Meaning Teva as a whole?
A. Meaning DEA compliance people at Teva.
Q. And then you state, "This advance knowledge allowed us to better prepare the sites and concentrate efforts."
Do you see that?
A. Yes.
Q. And that's part of the advantage, right, of getting early knowledge because of your relationship with DEA is you can prepare better for these audits when they come; you can prepare your facility better, correct?
A. We can make sure that someone is going to be at the site and have records prepared if we have enough time.
Q. Well, you can also prepare to make sure that everything is in order so that you might not get citations, for example?
A. We could.
Q. So would you agree with me, and I

think you said, regardless of your relationship with DEA offices or your reputation, your job as the DEA compliance director at Teva is to make sure that Teva is following the law, fair?
A. Yes.
Q. And the law is the law related to suspicious order monitoring that's been on the books since the '70s, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: That regulation has been in place since the '70s.
BY MR. CARTMELL:
Q. You would agree that you wouldn't want to try to leverage your relationship or influence the DEA to not cite you or follow the law if, in fact, your company was not actually following the law, fair?
MR. ANDRISANI: Objection to form.
THE WITNESS: I don't have that kind of influence.
BY MR. CARTMELL:
Q. Okay. Would you agree with me, Ms. McGinn, that there is currently an opioid

epidemic?
A. Yes.
Q. And I take it you, like most of us, have had personal effects in your families or friends as a result of the epidemic?
A. Yes.
Q. How has the opioid epidemic personally affected you?
A. Are you looking for examples?
Q. Sure.
A. So, I mean, I've had a couple of friends' children, teenage children die, a cousin has died.
Q. I'm sorry about that, but I take it that personal experience from that has influenced you as a DEA director, I take it?
A. Yes.
Q. Now, would you agree with me that we have in our country widespread occurrence of addiction to opioid prescription pain pills?
A. Yes.
Q. And would you agree that it's a public health emergency in our country?
MR. ANDRISANI: Objection, form.

THE WITNESS: I've heard it called that.
BY MR. CARTMELL:
Q. Would you agree with that?
A. Yes.
Q. And that public health emergency has been in existence for some time, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. The prescription pain pills like opioid-containing pain pills that Teva and Cephalon, the companies that you have worked for have been selling have led to massive numbers, for example, of overdoses during the last ten years, agree?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know how many were directly related to Teva products.
BY MR. CARTMELL:
Q. I understand, but, in general, prescription opioid-containing products that are sold by Teva, that are sold by Cephalon when you

worked there and sold by lots of other pharmaceutical companies, those prescription drugs have led to massive numbers of overdoses.
Would you agree with that?
MR. ANDRISANI: Objection, form.
THE WITNESS: They have led to overdose.
BY MR. CARTMELL:
Q. Do you agree that they have led to massive numbers of hospitalizations?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Would you agree that they have led to massive numbers or very large numbers of deaths over the last 10 or 15 years?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And would you agree that because of that or these prescription opioid sales and abuse and diversion that there has been massive costs to communities as a result?
MR. ANDRISANI: Objection to

form.
THE WITNESS: I've read it. I don't know that personally, but I've seen that.
BY MR. CARTMELL:
Q. Do you agree that it's likely true?
MR. ANDRISANI: Objection, form.
THE WITNESS: I'd have to assume so.
BY MR. CARTMELL:
Q. And -- strike that.
I want to show you a graph that I'm certain you're familiar with, Exhibit 7.
(Document marked for identification as McGinn Deposition Exhibit No. 7.)
BY MR. CARTMELL:
Q. Let me ask you, before I ask you about this, Ms. McGinn, one of the things you do as the DEA compliance director at Teva and before that working in compliance at Cephalon is you try to keep up on articles and publications related to opioids; is that fair?

A. Yes.
Q. Including articles and publications relating to the rising numbers of hospitalizations or deaths or overdoses, correct?
A. Yes.
Q. And including also publications and articles that have to do with the increasing numbers of actions or enforcement actions the DEA has brought against distributors of opioid pharmaceuticals and manufacturers and pharmacies; fair to say?
A. Yes.
Q. Okay. I take it you are familiar with this graph on Exhibit 7?
A. It looks familiar.
Q. This is -- the source of this is from the National Vital Statistics System, Drug Enforcement Administration.
Do you see that?
A. Yes.
Q. And is that an organization that you're familiar with?
A. DEA, yes.

Q. Okay. Now, if you look at this graph, it includes the blue line "prescription painkiller sales," as you can see, since before 2000 until 2012 where this ends, there is a rising number of sales of opioid prescriptions during that time.
Do you see that?
A. Yes.
Q. And also there's an orange line that talks about prescription painkiller deaths per 100,000 people, and that is a rising line of deaths from 200 -- or excuse me -- 2000 to 2012 as well.
Do you see that?
A. Yes.
Q. And it looks like basically this graph is demonstrating that with the rising prescription opioid sales in America, there's been a rising death rate as well.
Do you see that?
A. Yes.
Q. And is that consistent with your belief as to what has happened in our country?
MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And Teva, for instance, where you are the DEA compliance director is, as we've discussed, a very high volume manufacturer and seller of opioids in this country, correct?
MR. ANDRISANI: Objection to form.
THE WITNESS: We manufacture products containing opioids, yes.
BY MR. CARTMELL:
Q. At a very high volume, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know what it is compared to everybody else.
(Document marked for identification as McGinn Deposition Exhibit No. 8.)
BY MR. CARTMELL:
Q. Okay. Let me show you what's been marked as Exhibit 8, which is a document that was produced from Teva's files in this litigation. And I'm really just going to ask you about the first page.

You'll see that the first page of Exhibit 8 is titled "Teva Opioid Market Share Calculation: All Opioids."

Do you see that?

A. Yes.

Q. So when your company, Teva, is talking about opioid-containing products, oftentimes they will call them opioids as well; is that fair?

A. Yes.

Q. And the first line, "Teva opioid script volume," is your understanding that a script is a prescription?

A. Yes.

Q. And you'll see that as you go across from 2012 to 2016, there are totals of the numbers of scripts, for example, 12,950,466 in 2012, pretty steady until 2015 and it goes up to 15,176,735. And then in 2016, 30,897,678 prescriptions of opioids.

Do you see that?

A. Yes.

Q. And I take it you know from your experience that one prescription for opioids can

be for 30 or 60 or 90 or more pills, correct?

MR. ANDRISANI: Objection to form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. So is it fair to say that during this period of time, five years at least, Teva, as far as numbers of opioid prescriptions, is well -- well, it's much more than, for example, 50 million scripts, correct?

MR. ANDRISANI: Objection.

THE WITNESS: Much more than 50 million scripts? I don't think I understand where you're going.

BY MR. CARTMELL:

Q. Well, I'm just saying if you totaled those up, we know that we're -- that Teva during that period of time from 2012 to 2016 had an increasing number of opioid prescriptions as far as share of the market, and it was well in excess of, for example, 60 million prescriptions of opioids.

Do you see that?

A. Yes.

Q. Okay. And we know because every prescription could be 60 or 90 pills or more, as far as the number of actual opioid pills that Teva has put out on the market in prescriptions in that period of time could be hundreds of millions of pills, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: I don't know how many pills they are. What I see here is, you know, the increase in 2016 likely due to the Actavis integration and taking on those products.

BY MR. CARTMELL:

Q. Right. In 2016 --

A. Yes.

Q. -- there was another acquisition by Teva of a pharmaceutical company called Actavis; is that right?

A. Yes.

Q. And Actavis was also a manufacturer and seller of opioid-containing products, correct?

A. Yes.

Q. High volume and, as a result,

Teva then became more high volume related to manufacturing and selling generic opioids, fair?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yeah, according to this, at that point in time, they would have had 14% of the total market or total scripts.

BY MR. CARTMELL:

Q. Okay. And I was just going to get to that.

So this actually tells us that as of 2016, we don't know about 2017 or '18, Teva had 14% of the share that was being sold of the scripts of opioids in America, correct?

MR. ANDRISANI: Objection to form.

THE WITNESS: That's what it says.

BY MR. CARTMELL:

Q. Okay. Would you agree with me that -- that Teva has been and continues to be a high volume producer, manufacturer and seller of opioids in our country?

MR. ANDRISANI: Objection, form.

THE WITNESS: We make a lot of opioid-containing products.
BY MR. CARTMELL:
Q. And if you look below, there is "Teva products include" paragraph, and that's a list of all of the opioids that Teva is actually manufacturing and selling as of this time.
Do you see that?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. It's fair to say that's dozens of opioid-containing products?
A. Dozens of different products, but some of the same products, yes, different formulations of the same product.
Q. All opioid-containing products, correct?
A. Correct.
Q. We've talked a little bit about the law that applies to Teva related to manufacturing and selling opioids, but I want to talk in a little more detail and hand you Exhibit 9.

(Document marked for identification as McGinn Deposition Exhibit No. 9.)
BY MR. CARTMELL:
Q. I'm handing you two copies of Exhibit 9, one for you and one for your counsel. This is produced from Teva's files in this litigation, and I will represent to you that this was information that came from your file.
You'll see from the e-mail on the first page of this document, there's an e-mail from LeighAnn Tulleson dated June 15, 2012 to you and many others, and the subject is "DEA Suspicious Order Monitoring Program."
Do you see that?
A. Yes.
Q. It states, "we have scheduled a meeting to discuss the DEA suspicious order monitoring program and its impact to Teva and our customers."
It states, "This launch meeting is critical to the overall understanding of the issues and will require each of the parties listed on this memo to attend."

You see that?
A. Yes.
Q. Okay. So it looks like as of June of 2012, which is not long after you started at Teva, is that fair, within a year?
A. Yes.
Q. There was going to be a launch meeting to discuss the suspicious order monitoring program?
A. That's what it looks like.
Q. Okay. Attached to this e-mail that you received is a series of letters from the U.S. Department of Justice Drug Enforcement Administration; is that right?
A. Yes.
Q. And I want to talk to you specifically about the one that is actually a crummy copy, but it's dated February 7, 2007.
Do you see that?
A. That's a bad copy for sure.
Q. Well, we got this from the files, and, unfortunately, we were looking for a better copy, but we couldn't find one, so we'll have to make our way through this, if you don't mind.

But I want to go through this, and this is a letter, I take it, that you had seen prior to 2012; is that right?
A. It's hard to see where -- I assume that I had.
Q. Well, am I right that there are a series of letters that were sent to manufacturers and distributors of opioid-containing products from a man named Joseph Rannizzisi?
A. Yes.
Q. Okay. And I know that you are familiar with Mr. Rannizzisi, correct?
A. Yes.
Q. You have had dealings with him, pretty extensive dealings with him in the past; is that fair?
A. Not personally. I may have talked to him once or twice.
Q. At any rate, these letters, the series of letters that are attached, and I think there's three, are commonly known as the Rannizzisi letters, correct?
A. I had not called them that. I

had not heard that.
Q. What do you call them?
A. Distributor letters.
Q. Okay. And I take it that you were familiar with these letters even back at Cephalon, before you started at Teva?
A. Yes.
Q. Okay. And let's go through this February 7, 2007 letter, you see the date, and you can see that this is a letter from the Drug Enforcement Administration out of Washington, DC.
It states, Dear Sir or Madam, this letter is being sent to every commercial entity in the United States registered with the Drug Enforcement Administration to distribute controlled substances. The purpose of this letter is to reiterate the responsibilities of controlled substance distributors in view of the prescription drug abuse problem in our -- our nation currently faces.
Do you see that?
A. Yes.
Q. Okay. So would you agree with me

that that was the purpose of these letters was to put or to reiterate to manufacturers of opioid drugs and other controlled substances and distributors of these drugs of their responsibilities related to the law that applies to manufacturing and selling controlled substances?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And it looks like the DEA was reiterating the law that applied to manufacturers and distributors of opioids at this time because there was an emerging controlled substance prescription drug problem, correct?
MR. ANDRISANI: Object to the form.
THE WITNESS: I assume that's why.
BY MR. CARTMELL:
Q. And this was back in 2007, right?
A. Yes.
Q. It states, "Background, as each

of you is undoubtedly aware, the abuse (nonmedical use) of controlled prescription drugs is a serious and growing health problem in this country. DEA has an obligation to combat this problem, as one of the agency's core functions is to prevent the diversion of controlled substances into illicit channels."
Do you see that?
A. Yes.
Q. What does that mean, "illicit channels"?
MR. ANDRISANI: Object to form.
THE WITNESS: I'm going to assume that he means that it ends up anywhere than where it was intended to go.
BY MR. CARTMELL:
Q. Okay. "Congress assigned DEA to carry out this function through enforcement of the Controlled Substances Act and DEA regulations that implement the Act."
So does that mean that actually the Drug Enforcement Administration is the agency that Congress has given the power to enforce the law related to the sale and

manufacture of controlled substances?
A. Yes.
MR. ANDRISANI: Objection, form.
BY MR. CARTMELL:
Q. Including opioid-containing products?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. The Controlled Substances Act was designed by Congress to combat diversion by providing for a closed system of drug distribution.
What does it mean to be a closed system?
A. The way it's been --
MR. ANDRISANI: Object to form.
THE WITNESS: -- described to us is that controlled substances would only be shipped to DEA registrants.
BY MR. CARTMELL:
Q. And then it says further down, "If the closed system is to function properly as Congress envisioned, distributors must be

vigilant in deciding whether a prospective customer can be trusted to deliver controlled substances only for lawful purposes. This responsibility is critical, as Congress has expressly declared that the illegal distribution of controlled substances has a substantial and detrimental effect on the health and general welfare of the American people."

Do you see that?

A. Yes.

Q. And do you agree with that?

MR. ANDRISANI: Objection to form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. Now, it then talks about actually the law that manufacturers and distributors are bound by related to the sale and manufacture of controlled substances, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: I'm sorry. Could -- I missed it. Sorry, I was reading.

BY MR. CARTMELL:

Q. Sorry I interrupted you. Were you done?

A. I'm done. I'm sorry.

Q. We'll talk about the rest of the letter in some detail, but I want to -- I was just pointing out that the rest of the letter actually talks about the regulations and the law that applies and that the DEA is enforcing, correct?

A. Yes.

Q. And one of the things, just so it's clear for the jury, that is important to know is that companies like Teva, for example, because they sell and manufacture opioid-containing products, they have to register with the DEA to be able to do that; is that right?

A. Yes.

Q. And is it true that they become known as a registrant, for example, is that referred to?

A. Yes.

Q. Okay. And that registration, is it true, provides, for example, Teva a license

that allows them through their multiple facilities to go ahead and distribute those opioids?

A. Yes.

Q. Okay. And so, for example, if Teva had its license suspended or pulled from the DEA to sell or manufacture opioid-containing products, then they would no longer be able to sell those; is that fair?

A. Yeah, they would not be able to -- not just sell but they would not be able to transfer drug anywhere.

Q. If you go to the second page in the third paragraph it states, the statutory factors DEA must consider in deciding whether to revokes a distributor's registration are contained in 21 U.S.C. 823(e).

Do you see that?

A. Yes.

Q. So when you talk about statutes and all that, that's legal mumbo-jumbo, that's the actual -- that's the law, right?

MR. ANDRISANI: Objection, form.

THE WITNESS: U.S. Code.

BY MR. CARTMELL:

Q. Go ahead.

A. It's U.S. code.

Q. Okay. "Listed first among these factors is the duty of distributors to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific and industrial channels."

Do you see that?

A. Yes.

Q. And so that just means that every manufacturer or distributor of opioid-containing products and other controlled substances, they have to make sure that they actually have effective controls against diversion of those drugs in place, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. For example, if Teva had ineffective controls that weren't working, then that would not be compliant with the law, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.
BY MR. CARTMELL:
Q. It states, In addition, distributors must comply with appropriate state and local law. Congress also gave DEA authority under this provision to revoke a registration based on the distributor's past experience in the distribution of controlled substances and based on such other factors as may be relevant.
Do you see that?
"Relevant to and consistent with the public health and safety."
Do you see that?
A. Yes.
Q. Okay. Now, I want to focus on this next section, because this next section is talking specifically about something called suspicious orders of controlled substances.
Do you see that?
A. Yes.
Q. Tell us what suspicious orders of controlled substances means?
A. Would you like me to read what the regulation states.

Q. I'll withdraw the question, and I'll read it, okay.
Let's go through this section, and I'm going to follow up and ask you some questions.
"The DEA regulations require all distributors to report suspicious orders of controlled substances. Specifically, the regulations state the registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances. The registrant shall inform the Field Division Office of the Administration in his area of suspicious orders when discovered by the registrant. Suspicious orders include orders of unusual size, order deviating substantially from a normal pattern and orders of unusual frequency."
Do you see that?
A. Yes.
Q. Okay. So let me see if I can interpret that for the jury.
Does that mean that, for example, Teva at all times when they are licensed and

selling, for example, opioid-containing products, they have to have what's called a suspicious ordering monitoring program in place?
MR. ANDRISANI: Objection, form.
THE WITNESS: If they are selling commercial product, yes.
BY MR. CARTMELL:
Q. Okay. And so the DEA requires and the law requires, according to the regulations, that if Teva, for example, is going to sell these opioids, that they have to put a program in place that is going to effectively identify suspicious orders of opioids, correct?
MR. ANDRISANI: Objection to form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. In other words, if Teva has customers, and I take it that they do, who contact Teva and they say, "we want to buy or purchase some of your opioid-containing products," that's happens, doesn't it?
A. Yes.
Q. And the customer says, for

example, we want 4,000 pills, is it -- does it happen that way? Do they ask by the pill?
A. They don't call me to place an order, so I don't know exactly how they do it, but I assume it's by carton or bottle or NDC. I don't know.
Q. Okay. But you're actually responsible as the DEA director at Teva for the suspicious order monitoring program, aren't you?
A. I don't physically go and review orders. I am responsible -- ultimately responsible for it, but I don't actually process the orders or investigate them.
Q. Okay. So a customer might contact Teva and say we want cartons -- X number of cartons of opioids or bottles of opioids, something like that, fair?
A. Yes.
MR. ANDRISANI: Objection, form.
BY MR. CARTMELL:
Q. And this is saying that Teva, as a company, has to monitor those orders from its customers and make sure they're not suspicious, right?

MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And if Teva finds that these orders from its customers who are buying these opioids are suspicious, then this says that those orders have to be actually reported to the DEA, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Correct.
BY MR. CARTMELL:
Q. And if there are suspicious orders from customers to Teva, actually, Teva is not supposed to go and ship those bottles or crates of opioids to the customer, right?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And this process called suspicious order monitoring is part of the law that says Teva has to have effective safeguards in place to prevent diversion of these opioids or controlled substances, right?
MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Okay. Now, Teva also has, as a part of this law and these regulations from the DEA, also has the responsibility to make sure that they investigate if they find suspicious orders from their customers for opioids; is that right?
MR. ANDRISANI: Objection, form.
THE WITNESS: We investigate orders of interest and report suspicious orders. We have that obligation.
BY MR. CARTMELL:
Q. That's the duty of Teva to do that, correct?
A. Yes.
MR. ANDRISANI: Objection to form.
BY MR. CARTMELL:
Q. And if you go down it states, "It bears emphasis that the foregoing reporting requirement is in addition to, and not in lieu of, the general requirement under 21 U.S.C. 823(e) that a distributor maintain effective

controls against diversion."
Do you see that?
A. Yes.
Q. "Thus, in addition to reporting all suspicious orders, a distributor has a statutory responsibility to exercise due diligence to avoid filling suspicious orders that might be diverted into other than legitimate medical, scientific and industrial channels."
Do you see that?
A. Yes.
Q. Okay. Let's talk about that due diligence. If I'm reading this correctly, and correct me if I'm wrong, the DEA is saying that Teva, for example, when selling and manufacturing opioids, when they get suspicious orders, they can't just fill those orders, they actually have to investigate and do due diligence to determine or make sure that those opioid pills are not going to be diverted to illegal and illicit places, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: If it's deemed

suspicious, we have an obligation not to ship.
BY MR. CARTMELL:
Q. You have an obligation not to ship, but when this talks about due diligence, you also have an obligation to investigate, right?
MR. ANDRISANI: Objection, form.
THE WITNESS: We investigate any order that's pended in the system, and then if we do our due diligence on that and we determine that it's a suspicious order, then we have to report it.
BY MR. CARTMELL:
Q. So would you agree with me that it's the responsibility of manufacturers and distributors of opioids, including Teva, and when you were at Cephalon as well, that if they have potentially suspicious order, their duty and responsibility is to investigate that order?
A. Yes.
Q. Okay. And if the company fails to investigate those potentially suspicious orders, then they have breached their duty and

responsibility, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And if Teva, for instance, has a suspicious order monitoring system or fails to have one that is effective and is actually identifying suspicious orders and they're not investigating those properly, then they will have breached their duty and responsibility, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: We have an obligation to make sure that we have an effective system in place.
BY MR. CARTMELL:
Q. I understand that. My question is a little bit different.
If, in fact, Teva, for instance, has a suspicious order monitoring system that is not effective and it isn't adequately identifying suspicious orders, and it's not -- and those orders are not adequately being investigated by the company, then Teva would

have breached its duties and responsibilities, according to the DEA regulations, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I just want to say that the suspicious order monitoring has been a moving target, and what was effective in one year -- considered effective in one year may not have been considered effective in another year. So, you know, we try to monitor DEA action to see where they're headed with it, because they're basically promulgating rules without writing regulations, updating regulations, so we try to monitor that. What I'm saying is it depends on the time that you were looking at the system in determining whether it was effective or not. But at the time, it should have been effective with the information that we knew at the time.
BY MR. CARTMELL:
Q. I appreciate that. I'm going to object and move to strike, and I'm going to ask

you again and see if I can get an answer to that question.
A. Okay.
Q. And we'll talk about that in more detail, but, Ms. McGinn, if, in fact, Teva had a suspicious order monitoring program that was ineffective and not adequately identifying suspicious orders and those orders that were pended, when they did identify suspicious orders, were not being adequately investigated, then Teva, according to the regulations of the DEA, would have breached its duty and responsibility, fair?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Go ahead.
A. Yes.
Q. I want to go back to Exhibit 7, if you would, and I just want to ask you a question, and I think this gives us a good way to demonstrate for the jury what I'm asking about.
Now, this graph shows rising

deaths with rising prescriptions, and it's true that the law we just talked about and that the DEA in its letter of 2007 was reiterating is that at all times, for example, from 2000 until 2012 that law requiring Teva, for example, to have effective -- effective systems in place to prevent diversion, that was in effect, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. In other words, the law that we're talking about was in effect in 2000 and 2001, all the way up to 2008, 2009, all the way to 2012, and it's still in effect today?
A. Yes.
MR. ANDRISANI: Objection, form.
BY MR. CARTMELL:
Q. And so at all times, even back in 2004, 2003, any times from 2000 on, Teva had that duty to have in effect a suspicious order monitoring program, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:

Q. And Teva had the duty during that period of time all the way back to 2004 or whenever it was they started selling controlled substances, they needed to have effective systems, including a suspicious order monitoring program, in place that would prevent diversion of opioids, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. Okay. In other words, Teva couldn't start that program in 2010 or 2012, and if they did that, they would have breached their duties and responsibilities to do that prior to that time, fair?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And would you agree with me, Ms. McGinn, that if Teva did not monitor effectively for suspicious orders or in a responsible way and that actually contributed to the epidemic, then Teva would be responsible for that?

MR. ANDRISANI: Objection, form.

THE WITNESS: If Teva was responsible for that, it certainly was never intentional.

BY MR. CARTMELL:

Q. I understand that. My question is a little different, though, and I'm not trying to put words in your mouth either, but would you agree with me that if Teva, in the past, has not had effective systems in place to prevent diversion, including a suspicious order monitoring program for suspicious orders of opioids, if that system has not been effectively in place and has not been diverting opioids, that could contribute to the epidemic, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: In some way, yeah. I mean, we were just one part of the supply chain. There were many other steps in the process before it got to a patient for a death.

BY MR. CARTMELL:

Q. And I'm not trying to say that Teva would be solely responsible for that, but

if Teva didn't follow the DEA regulations and have effective systems in place to prevent diversion, they could be a contributor or would be a contributor to the epidemic, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: In some way, yes.

BY MR. CARTMELL:

Q. Okay. And the same is true with other manufacturers of opioids and distributors of opioids; they too could be contributors if they didn't do a good job and have appropriate systems in place to prevent diversion of opioids, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. Okay. And if, in fact, that's the case, then, for example, would you believe, in your opinion, that Teva would be partly responsible for the epidemic?

MR. ANDRISANI: Objection, form.

THE WITNESS: In some part, yes.

MR. CARTMELL: Let's take a break.

THE VIDEOGRAPHER: Going off the record at 11:52 a m.

(Luncheon recess.)

THE VIDEOGRAPHER: We are back on the record at 12:38.

BY MR. CARTMELL:

Q. Ms. McGinn, we're back on the record after a lunch break. Are you ready to proceed?

A. I am, thank you.

Q. Did you have a nice lunch?

A. I've had better, but I've had worse too so we're okay.

Q. Okay, good.

Well, before we broke for lunch, we were talking about, you'll recall, Exhibit 9, which is the Rannizzisi letter that was sent from the Drug Enforcement Administration to, among others, manufacturers and distributors of opioids.

You recall our conversation in that regard?

A. Yes.

Q. Okay. And I don't think I made

this point, but I want to, and I don't mean to put words in your mouth, but is it true that these laws that require opioid manufacturers and distributors to have safeguards that are effective in place to prevent diversion of those drugs, those laws are for safety purposes, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: I'm sure that's one aspect.

BY MR. CARTMELL:

Q. In other words, safety of individuals so that the drugs aren't diverted to people who could abuse them or not even abuse them and have overdoses and hospitalizations and deaths, things like that, fair?

MR. ANDRISANI: Objection to form.

THE WITNESS: It's there for legitimate medical need.

BY MR. CARTMELL:

Q. Okay. All right. Now, in preparation for your deposition today, did you read the deposition of Mr. Tomkiewicz?

A. I did not.

Q. Okay. Let's switch gears now, and I want to talk about your time at Teva, and I know we've talked about you started in October approximately of 2011 as an employee of Teva. For a period of time you were working in facilities, manufacturing facilities; is that right?

A. I was at the R&D building, yeah.

Q. And your compliance jobs during that period of time had to do with compliance with the manufacturing and storage and security of those opioid-containing products; is that right?

A. Yes.

Q. But at that point for a short period of time, you were not overseeing the suspicious order monitoring program, correct?

A. At Cephalon -- which?

Q. We're talking about once you got to Teva in 2011.

A. Yes.

Q. For several months I think you said that you weren't responsible for the

suspicious order monitoring program, correct?

A. Correct.

Q. And then when you became the director of the compliance department, DEA compliance department, that's when you took over the responsibilities for the suspicious order monitoring program, correct?

A. Correct.

Q. Okay. I take it that when you started there at Teva and took over as the DEA director that you needed to understand what safeguards Teva had in place or what systems were in place at Teva related to suspicious order monitoring and other safeguards to prevent the diversion of those opioids, correct?

A. Correct.

Q. And did you learn at that time that Teva had never ever, prior to that time, identified and reported a suspicious order of opioids?

A. I had learned that after a period of time, yes.

Q. Okay. So, in other words, to make it clear, if Mr. Hasler, the corporate

representative of Teva who was deposed, is correct and Teva has been selling opioids since 2006, from 2006 until 2012 or through 2012, Teva had never once identified a single suspicious order of opioids, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: That was my understanding.

BY MR. CARTMELL:

Q. And let's see how many years that is. 2006 through 2012, that's seven years?

A. Six.

Q. Let's see, '06, '07, '08, '09, '10, '11, '12, that's seven years?

A. Okay.

Q. So for seven years while selling opioids and, as we've discussed, high risk opioids, Teva had never identified a single suspicious order of opioids from a customer; is that correct?

MR. ANDRISANI: Objection to form.

THE WITNESS: That's what I heard.

BY MR. CARTMELL:
Q. Okay. And did you, upon learning that, set out to determine whether or not possibly there was a problem with their suspicious order monitoring program, such that it actually wasn't identifying suspicious orders?
MR. ANDRISANI: Objection, form.
THE WITNESS: When I came into the group, it was my intention to evaluate the program to see if improvements were necessary.
BY MR. CARTMELL:
Q. Okay. And I take it part of that reason why you maybe wanted to look to see if improvements were necessary is because you figured out that in seven years and hundreds and hundreds of thousands of orders, they'd never identified a single suspicious order; is that true?
MR. ANDRISANI: Objection, form.
THE WITNESS: I sought out to see if there was improvements because I had little experience in dealing with a

suspicious order monitoring program over that many products, and it was -- I just didn't have that much experience to know whether it was right or not.
BY MR. CARTMELL:
Q. When you -- strike that.
You just mentioned your experience with suspicious order monitoring as of September 12th when you started and took over the suspicious order monitoring opioid program at Teva, how much experience did you have with overseeing a program like that?
A. So I would have assumed SOM responsibilities at Cephalon when I took the associate director position, what did we say that was 2010, in around there, but Cephalon's world was much smaller than Teva's. We had two opioids and a very limited number of customers. Teva was much larger, had many more products and a lot more customers.
Q. Okay. And so I want to now let's take a look at whether or not Teva, when you started and took over the DEA compliance department, actually had an effective suspicious

order monitoring program in place that would safeguard against and prevent diversion of the opioids, okay?
A. Okay.
Q. Now, when you took over the DEA compliance department, were you also responsible for the facilities and manufacturing plants to make sure that they were DEA compliant?
A. Yes.
Q. Okay. So you had not only had to determine whether or not the manufacturing plants were in compliance with the DEA, you also had to determine if Teva was in compliance related to suspicious order monitoring, correct?
A. Correct.
Q. Okay. And when you arrived at Teva, was Teva doing what are called mock DEA audits from time to time?
A. When I took over at Teva?
Q. Yes.
A. I don't remember.
Q. What is a mock DEA audit?
A. It would be an audit that was conducted with internal people to replicate what

DEA would do in an inspection.
Q. Okay. And you're doing that why?
A. Just to make sure that they're compliant.
(Document marked for identification as McGinn Deposition Exhibit No. 10.)
BY MR. CARTMELL:
Q. Okay. Let me hand you what's been marked as Exhibit 10. Ms. McGinn, Exhibit 10 was produced to us from Teva's files and actually from your custodial file in this litigation, and this is an e-mail string involving you and someone named Jason Gardner.
Do you see that?
A. Yes.
Q. Okay. Now, the date of this e-mail, if you start at the bottom, is September 15th, 2012, and I think we've established that that was right around the time or very shortly after you took over as DEA -- excuse me -- director of the DEA compliance department at Teva; is that right?
A. Yes.

Q. And I take it during this period of time you were trying to get up to speed and determine whether or not Teva was in compliance with DEA regulations and the law, correct?
A. Correct.
Q. Part of that was going around to the facilities and trying to determine if they were in compliance, right?
A. Yes.
Q. Okay. And let's start at the bottom of this e-mail. It states "DEA Mock Audit - Pomona."
What is Pomona?
A. Pomona was one of the Teva facilities in New York.
Q. It states "Jason, I'm finding that in Virginia, there is very little control over product between registrations."
What does that mean?
A. So the site has multiple registrations with DEA, and it sounds like what we were seeing is product moving between the registrations without paperwork. We had saw recordkeeping issues.

Q. You're talking about product, was it an opioid product?
A. I have no way of knowing that.
Q. Okay. Well, it might tell us later, but let me go on. It states, "Areas for each registration are not marked and material is not segregated at all."
Now, you're sending this e-mail. Who is Jason Gardner?
A. Jason reports to me.
Q. He was in the DEA compliance department at this time?
A. Yes.
Q. And he still is?
A. He is.
Q. What is his position?
A. He is associate director DEA compliance.
Q. Okay. "Areas for each registration are not marked and material is not segregated at all."
When you're talking about material, are you talking actually about the product?

A. Yes.
Q. I'm seeing -- and we're talking, before I go on, we're talking about controlled substances, right?
A. Yes.
Q. Because we're talking about the DEA?
A. Yes.
Q. So these are actually narcotics, Class II controlled substances, correct?
A. It could be anywhere from Schedule V to Schedule II.
Q. Okay. "I'm seeing a lot of problems with shipping material out on the wrong registration number."
What does that mean?
A. It means that the registration referenced on paperwork was not the correct registration number.
Q. "Things received under the distributor are being shipped out under the manufacturer. Can you make sure Pomona has some way to control that?"
And then he responds, Mr. Gardner

responds to you later, "Of course. Sounds like a huge mess. Hopefully this is isolated to Virginia. How do they reconcile the inventories at year end?"
And let me ask you, before I read your e-mail back, but was Mr. Gardner also new at Teva at that time?
A. Jason was a Cephalon employee, so we were just coming on at the same time to Teva.
Q. So you and Jason were both new to Teva in that you had been at Cephalon previously, correct?
A. Yes.
Q. And you're just both trying to figure out whether or not Teva has been compliant with the DEA, right?
A. Yes, I believe he was conducting an internal audit at Pomona while I was in Virginia.
Q. Okay. And were you conducting the internal audit in Virginia?
A. Based on this e-mail, it looks like I was probably in Virginia.
Q. And is there a manufacturing

facility in Virginia?
A. Yes.
Q. Does that facility or did it at this time manufacture opioids?
A. They must have, I mean, just based on this e-mail.
Q. Okay. So you responded to Mr. Gardner when he says that it's a huge mess you say, "Well, I've been hearing for the last 10 months that it takes them 2-3 months for reconcile. Now I know why. We just found a discrepancy on the Fentanyl Year End Report for 2011. It's a huge mess."
Do you see that?
A. Yes.
Q. And fentanyl is an opioid, correct?
A. Yes.
Q. And so is it fair to say that when you went to this facility and did your DEA audit, you found that this facility was noncompliant with DEA?
MR. ANDRISANI: Objection, form.
THE WITNESS: We found there were

recordkeeping errors.
BY MR. CARTMELL:
Q. Okay. And is it fair to say when you say it was a huge mess that this would have been noncompliant if audited by the DEA?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes. Can I just add something to that?
MR. ANDRISANI: No. You have to respond to questions. I'm sorry.
THE WITNESS: Okay, I'm sorry.
BY MR. CARTMELL:
Q. Now, you mentioned that when you became DEA compliance director in 2012, you were doing an analysis of what types of safeguards Teva had been doing related to preventing the diversion of the opioids they were selling, and that included an analysis of what their suspicious order monitoring program had been prior to you getting involved, correct?
A. Yes.
Q. And you were trying to determine, I take it, whether it was effective in identifying suspicious orders and safeguarding

against diversion?
A. I'm sorry. Can you repeat the question.
Q. And I suspect you were trying to determine whether this program for suspicious order monitoring that is required by law was effective in actually identifying suspicious orders and safeguarding against diversion?
MR. ANDRISANI: Objection, form.
THE WITNESS: I was bringing somebody in to see if there was some way we could improve the system.
BY MR. CARTMELL:
Q. Okay. So is it fair to say that when you say you wanted to bring somebody in to improve it that you had determined in your initial analysis that it needed improvements?
A. Again, I didn't have experience, enough experience to determine whether or not this was an effective system for the number of products they had over, you know, that period of time.
Q. But you knew enough, obviously, to say that you wanted to bring somebody in to

improve it, correct?
A. To see if there was some way we could.
Q. Okay. Was that analysis of the suspicious order monitoring program and the systems regarding safeguarding against the diversion of opioids, was that analysis already underway before you got there, or did you start that?
A. Before I got to Teva?
Q. Yes, ma'am.
A. I remember having the discussion. I don't know if it had started before. I don't know what they discussed before I started with the company, but when I took over the group, I recommended that we bring somebody in.
Q. Somebody in to do what?
A. To see if there was a way to improve the suspicious order monitoring program.
Q. Okay. And I guess my question is do you know if that analysis had been done before you got there, and maybe you don't?
A. I don't.
Q. Okay. Who was your discussion

with that you had to discuss bringing somebody in to improve the suspicious order monitoring program?

A. I would have had to have a discussion with my direct supervisor, Chris Lowery.

Q. And did you ask Mr. Lowery at that time to bring in somebody who had more experience with suspicious order monitoring?

A. I'm sure I did.

Q. Did you ask Mr. Lowery who was actually handling the suspicious order monitoring prior to you showing up?

A. I knew who what was.

Q. And that was Mr. Lowery?

A. That was Dennis Ferrell.

Q. I'm sorry, Mr. Ferrell.

And did you at that time learn through Mr. Ferrell or Mr. Lowery what the actual process had been prior to your arrival?

A. I'm sure there was some discussion about that.

Q. Do you know, as you sit here today, what that process had been prior to you

arriving?

A. I don't. I don't remember.

Q. I'm going to hand you what has been marked as Exhibit 11.

(Document marked for identification as McGinn Deposition Exhibit No. 11.)

BY MR. CARTMELL:

Q. And these are documents that were produced in Teva's files in this litigation. They're actually in a little different view for some reason, and the front page has e-mails involving you that are in the landscape style. I learned that phrase.

A. (Witness reviews document.)

Q. Ms. McGinn, this exhibit, Exhibit 11, has on its cover page or first page e-mails involving you and Dennis Ferrell and Chris Lowery, who I think we've just talked about, those were your superiors in the DEA compliance department; is that correct?

A. Yes.

Q. And there's attachments to this e-mail that we were produced, and we'll go

through those, but if you start at the bottom, the first e-mail, in May of 2012 you were writing an e-mail to Mr. Ferrell and Mr. Lowery about some findings you had related to a DEA enforcement action against one of the big distributing companies of opioids called Cardinal Health; is that correct?

A. Yes.

Q. Okay. And let me ask you, this is May of 2012, was this the time period when you had told your seniors that you all needed to do some analysis and improving of the suspicious order monitoring program?

A. I don't know that I brought it up or if I was directed to do it.

Q. Okay. But somebody at that time had said, we need to do an analysis of our suspicious order monitoring program and see if we can improve it?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes, not just SOM, but DEA compliance across the board.

BY MR. CARTMELL:

Q. Okay.

A. So it wasn't isolated to SOM.

Q. But these e-mails are related specifically, if you look at the subject, to SOM issues, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And SOM again is suspicious order monitoring?

A. Yes.

Q. All right. And that's what the DEA requires, correct?

A. Yes.

Q. All right. It states "check this out. Mike Meggiolaro got a copy of the cardinal court papers."

Do you see that?

A. Yes.

Q. And then you say some facts from the Court papers that I take it are allegations against Cardinal by the DEA for why they were not following the law; is that fair?

MR. ANDRISANI: Objection, form.

THE WITNESS: That's information

that was forwarded to me by Mike Meggiolaro.

BY MR. CARTMELL:

Q. Okay. It states, "Lack of site visits which would have revealed that 40-42% of the oxycodone prescriptions were paid for in cash, an indicator of potential diversion under Cardinal's policies."

Do you see that?

A. Yes.

Q. And as a DEA compliance employee at this time who had worked in the industry for many, many years, did you know that payments in cash by customers was one of the factors often that was looked at to determine whether or not there was potential or suspicious orders going on that might be -- lead to a diversion?

A. It was something that DEA had mentioned in a conference. I don't know which year they started mentioning it, but it had been mentioned.

Q. Okay. It then says, Inadequate investigation of the exponential increase of oxycodone purchases by CV.

Do you see that, CVS?

A. Yes.

Q. That's CVS, the actual pharmacy?

A. Yes.

Q. That we all see on the street corners?

A. Yes.

Q. Okay. And oxycodone is a high risk opioid, correct?

A. Yes.

Q. So what you're saying here is one of the allegations by the DEA was that there was a very large increase in an order for oxycodone, and the claim was that Cardinal Health had not done an adequate investigation of that?

MR. ANDRISANI: Objection. Tom, I think she said that she was forwarded this by Mike Meggiolaro, so she's not saying that.

MR. CARTMELL: I'm sorry. Let me restate it.

BY MR. CARTMELL:

Q. To explain what this says that was forwarded to you by Mike, "inadequate

investigation of the exponential increase of oxycodone," did you interpret that to mean that one of the allegations against Cardinal was that they had this very large increase in oxycodone ordered, Cardinal Health did, and that they -- the allegation was they failed to adequately investigate that increased order?

A. That's what it says here, yes.

Q. Okay. And then it states, "Awareness and approval of this dramatic increase, raising the allowed threshold amounts and sometimes disregarding the amounts."

And then it says "allowing almost all shipments through, even those that had been held for further inquiry."

What did that mean to you?

A. I would interpret that as allowing pended orders to be shipped.

Q. So to explain to the jury, am I right that you interpreted that to mean that increased orders might be tagged or red flagged as potentially suspicious, and this is saying that Cardinal was letting all of those through, even those that had been held for further

inquiry or investigation, fair?

MR. ANDRISANI: Objection, form.

THE WITNESS: What it says is that they were allowing almost all shipments to go through.

BY MR. CARTMELL:

Q. Almost all orders, is that what shipments would be?

A. Yes.

Q. Orders of opioids?

A. Yes.

Q. And then it says "failure to report the two pharmacies to the DEA."

Do you see that?

A. Yes.

Q. What did that mean to you?

A. I'm not sure exactly what he's referring to there. Apparently, two customers were not reported to the DEA.

Q. Why was it at this time in 2012 that you were looking into DEA enforcement actions against other distributors of opioids?

A. We were trying to gather as much information as we could about suspicious order

monitoring.
Q. Why is that?
A. To see if there were any improvements that could be made to our program.
Q. Do you know, as you sit here today, whether or not anyone at Teva had tried to gather all of this information about suspicious order monitoring during the years 2006 to 2012?
A. I wouldn't know that.
Q. Okay. Chris Lowery responds to you by saying, "Okay - good job, add this to your white paper."
Do you see that?
A. Yes.
Q. And were you actually putting together a white paper at that time?
A. I don't remember exactly what the white paper he's referring to was. I know that we were collecting all the data and probably trying to put something together as guidance.
Q. And who was the white paper -- strike that.
Was the white paper, based on

your memory and maybe this helps your recollection, going to be a white paper that described, in your mind, what was necessary for an appropriate suspicious order monitoring program?
MR. ANDRISANI: Objection, form.
THE WITNESS: I think that the white paper was -- I don't actually remember what the actual white paper was, but I have to assume that it was a description of all of the information we had on suspicious order monitoring as a comparator.
BY MR. CARTMELL:
Q. Okay. If you look at the attachment up above it states, "DEA Suspicious Monitoring Compliance Draft."
Do you see that?
A. Where is it? I'm sorry. Oh, the header.
Q. Let me strike and restate it again.
If you look at the top e-mail from Chris Lowery to you, under attachments it

states "DEA Suspicious Monitoring Compliant Draft."
Do you see that?
A. Yes.
Q. Do you suspect that that's the white paper that was being put together?
A. I don't know.
Q. It could be?
A. It could be, it could maybe not be.
Q. And Chris Lowery, at least at that time, says that you are the one putting the white paper together, correct?
A. That's what it says.
Q. Okay. If you go to the attachments.
MR. ANDRISANI: Tom, can I stop you for a second. Do you know why there's not a 67. Is it just a blank? It looks like it goes 66 to 68.
MR. CARTMELL: Oh, you're talking about Bates?
MR. ANDRISANI: Yeah, I'm sorry.
MR. CRAWFORD: It may be that the

second page just had -- I don't see the disclaimer that was on the bottom of that. It may be that the disclaimer got cut off or something.
MR. ANDRISANI: Yeah, I didn't know if it --
MR. CARTMELL: We'll make sure to check it out and whatever -- if there is a page supplement the record with that and put it in correctly.
MR. ANDRISANI: Okay.
BY MR. CARTMELL:
Q. Ms. McGinn, if you look at the next page, which appears to be part of the attachments to the e-mail between you and Mr. Lowery, there is what is called an "Executive Summary."
Do you see that?
A. No. I can see something.
MR. CARTMELL: We found it. It's just a signature.
MR. ANDRISANI: Okay, that's fine.
MR. CARTMELL: Okay. You can put

it in there, if you want.
MR. ANDRISANI: I figured it must have just been something that got copied wrong. Thank you.
BY MR. CARTMELL:
Q. I'll start over.
Ms. McGinn, if you turn the page to the attachments to the e-mails between you and Mr. Lowery, there is what's titled an "Executive Summary."
Do you see that?
A. Yes.
Q. Okay. Did you prepare this?
A. I don't remember.
Q. Okay. Let's go through this.
It states, "The goal is to create a defendable position to meet the DEA regulations and current DEA required practices."
Do you see that?
A. Yes.
Q. And is that consistent with your memory that at that time you all were looking at whether you had appropriate safeguards and effective safeguards in effect at Teva to try to

prevent diversion of the opioid products being sold?
A. We wanted to ensure that we were meeting DEA regulations.
Q. You want to make sure you were in compliance, right?
A. Yes.
Q. Okay. Because if you're not in compliance, then you risk the DEA doing an audit and potentially taking your license away to sell those opioids, correct?
A. Potentially, yes.
Q. Okay. It states, "This is considered a compliance area in which we are 'at risk' and therefore the highest priority should be placed to close all gaps."
Do you see that?
A. Yes.
Q. Okay. So correct me if I'm wrong, but when you say "at risk," that's something that are -- a term of art within your industry, correct?
MR. ANDRISANI: Objection. She said she didn't recall if she wrote

this.
MR. CARTMELL: Let me restate it, subject to your objection.
BY MR. CARTMELL:
Q. Ms. McGinn, it states "at risk," is your understanding that that is a term of art within DEA compliance?
A. A term of art. It is a term that we would use.
Q. And you would use that because if your company is at risk, you're recognizing that you could be found by the DEA to not be compliant and, therefore, lose your license or be fined or have other actions taken against your company, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: What we knew was that everyone was at risk with suspicious order monitoring.
BY MR. CARTMELL:
Q. Right. And "at risk" means you know that if you're audited, potentially the DEA can take your license away for one, correct?
MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Or potentially you could suffer millions of dollars in fines, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And the result of being noncompliant and at risk could increase the likelihood that these opioids are actually not being identified as suspicious and being diverted, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: It could.
BY MR. CARTMELL:
Q. So that's why this was the highest priority at the company, correct?
MR. ANDRISANI: Objection, misstates the statement.
THE WITNESS: It was a priority.
BY MR. CARTMELL:
Q. Well, it says it was the highest priority, correct?
A. It was a high priority.

Q. And because of that you needed to immediately spring into action with your co-workers to try to close what is called the gaps, correct?
A. We were going to look at the program to see if there were any improvements that we could make to the program to make it better.
Q. But my question is a little bit different.
What you state here or what is stated here in this document which was in your file was that you all were going to go to work to try to close the gaps between being noncompliant and compliant, correct?
MR. ANDRISANI: Objection, misstates it.
THE WITNESS: We would do that for any aspect of DEA compliance, that's our job, is to make sure that we close any and all gaps as we are aware of them.
MR. CARTMELL: Object and move to strike. I want to ask it again.

BY MR. CARTMELL:
Q. When you say here or what is said here that you're going to close the gap -- strike that.
You know what's referred to as a gap analysis?
A. Yes.
Q. That's sort of a term of art in your industry as well, correct?
A. Yes.
Q. What is a gap analysis?
A. It's identifying what's taking place today versus the requirement.
Q. Right. You want to close the gap between your current structure or system in place and make sure to make it compliant, correct?
A. We want to make it effective, yes.
Q. You want to make it compliant, right?
A. And by being compliant, you'd to be effective, yes.
Q. Right. So what was being said

here in this executive summary was that this is a -- the highest priority and you all were going to go to work to close the gap to make sure that you all would become compliant, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: We were going to identify the gap and close any that we identified.
BY MR. CARTMELL:
Q. Right. And then it states, "I understand that there are two primary areas for consideration. They are, 1, Suspicious Ordering Program," and it states "in good shape."
Do you see that?
A. Yes.
Q. Now, it's true, Ms. McGinn, that that's actually not an accurate statement, correct?
MR. ANDRISANI: Objection.
THE WITNESS: I don't know that.
BY MR. CARTMELL:
Q. Well, you did know after getting into this at Teva and going to work and finding out the systems that they had in place that, in

fact, the suspicious order monitoring program needed improvements, correct?
A. Yes.
Q. And, in fact, at that time, that program was putting the company at risk, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't -- again, I don't know that I knew enough at the time to say whether it was compliant or not. Again, I don't have the experience to know that.
BY MR. CARTMELL:
Q. And then 2, "Know your Customer program," it says "not compliant," correct?
A. That's what it says, yes.
Q. And "not compliant" means not compliant with the DEA, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know.
BY MR. CARTMELL:
Q. You don't know?
A. Yeah, I'm not sure. Like I said, I don't know who put this together. It could

have been me. It doesn't say what it's compliant with.

Q. Well, you work in the DEA compliance department, you know what you're talking about when you say not compliant, don't you?

A. Again, no, I said I didn't have the experience overseeing a suspicious order monitoring program the size and scope of Teva's system.

Q. I understand.

But whoever put this together, you as the reader, as a DEA compliance expert at that time, knew that when it said not compliant, it was referring to not compliant with the DEA regulations, correct?

A. I would assume that it would need some work.

Q. You understood that that meant not compliant with the DEA regulations, correct?

A. It does not say that. It just says "not compliant."

Q. Okay. Is your testimony to the jury that when it says "not compliant," you

didn't know whether or not that meant compliant with DEA regulations?

MR. ANDRISANI: Objection, asked and answered.

THE WITNESS: What I'm saying is I'm not sure what the person who wrote this intended that to say.

BY MR. CARTMELL:

Q. Okay. At any rate, whoever wrote this intended to say that the suspicious order monitoring program and the Know your Customer program were putting the company at risk related to DEA sanctions, and that needed to be the company's highest priority to make improvements and close the gaps, correct?

MR. ANDRISANI: Objection, form. It misstates what's on the paper.

BY MR. CARTMELL:

Q. Go ahead.

A. It says that it was a risk and we should give it high priority.

Q. Okay. Below it says, "DEA will use its authority to revoke and suspend registrations in appropriate cases."

You see that?

A. Yes.

Q. Does that help you to understand where it says under number 2 Know your Customer program if they were talking about not being compliant with the DEA?

A. I would assume that that's what they were referencing.

Q. Okay. Know your Customer program, tell the jury what that is?

A. It's looking into your customers, knowing the background, the officers. It's due diligence on your customer.

Q. And we saw the phrase due diligence in the law from Mr. Rannizzisi in his letter, correct?

A. I think so.

Q. And so the law requires for manufacturers and sellers of opioids like Teva that if they have potentially suspicious orders, they have to do due diligence and actually do investigation of those, correct?

A. Yes.

Q. And part of that investigation,

the DEA has said, is to get to know your customers, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And do investigation on your customers to see if possibly they're involved in suspicious activity related to controlled substances, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. And what this document says is that at this time, Teva was not compliant in that regard, correct?

MR. ANDRISANI: Objection.

THE WITNESS: That's what it says here.

BY MR. CARTMELL:

Q. I want to ask you -- strike that.

And then if you go through the next several pages, there is information put together that summarizes, for example, the law that we already went through from the DEA

letter, correct?
A. Yes.
Q. And it -- you had gathered information on what the best practices were for a suspicious order monitoring program, correct?
MR. ANDRISANI: Objection as to form with respect to her preparing this.
THE WITNESS: This document does contain information about other companies.
BY MR. CARTMELL:
Q. I'll restate it to hopefully take care of the objection.
And then the attachment pages also include information that you or somebody gathered about what the best practices are related to having a suspicious order monitoring program, correct?
A. It looks like information that was available. I don't -- I have to look through it to see if it's best practices necessarily. Oh, there is best practices.
Q. You see that?
A. Yes.

Q. Okay. And then the DEA as far back as the early 2000s had actually given information to distributors of controlled substances and manufacturers of controlled substances of questions that might be asked to customers to determine whether orders are suspicious, correct?
A. I believe so.
Q. Okay. And that's included in here as well, correct?
A. Yes.
Q. And then I want to ask you about the page at last three digits of the Bates 886.
Ms. McGinn, if you look at page 886, the title of that is "What are the current challenges to industry to implement these programs?"
Do you see that?
A. Yes.
Q. And that's -- that's when it says programs referring to, I take it, suspicious order monitoring programs?
A. Yes.
Q. And you'll see it's talking

specifically about Teva challenges.
Do you see that?
A. Yes.
Q. Number 1 has to do with sales downstream; is that right?
A. Yes.
Q. And we'll talk about this in some detail, but one of the things the DEA wanted manufacturers and distributors to do was to get to know their customers and even get to know their customers' customers, right?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: The -- that was a comment the DEA made.
BY MR. CARTMELL:
Q. Okay. And one of the ways you know from your experience as a DEA compliance officer is to actually gather information or do due diligence on your customer's customer, right?
A. One of the things that we would try to do is have some visibility downstream.
Q. Right.

It states, "We may be able to use the data to identify high risk organizations."
Do you see that?
A. Yes.
Q. What data is that talking about?
A. I have to assume it's the chargeback and rebate information two bullets above.
Q. Oh, I'm sorry, two bullets above it states, it may be possible to use chargeback/rebate information to see customer further down the supply chain, but the information is only visible to indirect shipments to wholesalers.
You see that?
A. Yes.
Q. And what is chargeback or rebate data?
A. It's a -- I'm trying to think how to explain this. There's a contract price for drugs and if it -- one of our contracted customers sells for less than the contracted amount, they have the opportunity to apply for a rebate or chargeback for the difference.

Q. I see. And is it true that you have learned as a DEA compliance expert that that sort of data helps you to determine whether or not orders are suspicious?

A. It can give us visibility downstream to see if there is suspicious activity.

Q. And at this time Teva had not and was not using chargeback data to try to determine whether or not there were suspicious orders, correct?

A. I really don't know what they were doing at the time, before I got there. I think the document is saying that we could use it. I don't know if they were actually looking at it.

Q. Okay. Well, it says we may be able to use it, so doesn't that mean to you, most likely, that they hadn't been doing it?

A. I couldn't say whether they were or not, to be honest.

Q. Well, don't you know actually, and we'll look at this later in your employment file, but don't you know that, in fact, Teva

didn't start using chargeback data until 2015?

A. I couldn't tell you what Dennis Ferrell did before I got to Teva or took over the group in 2012.

Q. You took over the group in 2012, and you know that at that time chargeback data was not being used, correct?

A. Dennis Ferrell was not a part of the process, and we were trying to figure out what that process was. It was probably not being used.

Q. And you know that when you took over the program in 2012, it was not actually then used until 2015, correct?

A. I'm not -- I don't know what year.

Q. It then states, number 3, "Balancing business relationships with DEA reporting requirements - what are the legal ramifications of refusing to fill an order and reporting the order as suspicious to the DEA?"

Do you see that?

A. Yes.

Q. And business relationships you're

talking about are the relationships between Teva and the customers, right?

A. Yes.

Q. And is it true that when putting together an appropriate anti-diversion monitoring program related to opioids that the business relationships are the sales and the potential of losing those sales should not win out over patient safety?

A. Never.

Q. It states in number 4, "Lack of resources to conduct due diligence audits of customers and to thoroughly investigate 'orders of interest.'"

Do you see that?

A. Yes.

Q. So at this time when you joined this organization, Teva and the DEA compliance division, there was a lack of resources in the division, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: There were a lack of resources to conduct due diligence audits from what this says.

BY MR. CARTMELL:

Q. Right. And so at this point, there was a lack of resources and it was preventing Teva from doing adequate investigations of the orders of interest, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Due diligence does not have to be -- have to be an on site visit. I mean, there could be other due diligence efforts to know your customer without having to go through their site.

MR. CARTMELL: Objection, move to strike.

BY MR. CARTMELL:

Q. My question is a little bit different.

At the time you joined this department and you were looking at whether or not there was a valid compliant suspicious order monitoring program, one of the challenges Teva had is that there was a lack of resources to allow your DEA compliance department to do due diligence audits, correct?

MR. ANDRISANI: Objection, form.
THE WITNESS: At the time this was written, I was not in charge of the group, but I -- when I took over the group, I would say that we needed dedicated people to do audits.
BY MR. CARTMELL:
Q. Okay, I'm going to ask you this question to see if I can get your answer to it. If you can't answer it, that's fine, just tell me.
At the time -- and I'm going to try to correct the question because you said it when you took over.
At the time that you were doing this analysis or people were putting this white paper together to determine whether or not the suspicious order monitoring program was appropriate and compliant, at that time, according to this document, there was a lack of resources at Teva to conduct due diligence audits of customers, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: That's what it

says.
BY MR. CARTMELL:
Q. Okay. And you found that actually when you took over the department, correct?
A. I wanted more people in suspicious order monitoring.
Q. And it also says there was a lack of resources to allow the company, Teva, to thoroughly investigate orders of interest, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: That's what it says.
BY MR. CARTMELL:
Q. And you found that too, when you started taking over this department and the suspicious order monitoring program, that there was a lack of resources not adequately allowing you to thoroughly investigate these potentially suspicious orders, right?
A. When I took over the group, I wanted people dedicated to investigating orders of interest.

Q. And there hadn't been that before, had there?
A. They had a team of people that did suspicious order monitoring, plus other DEA compliance activities.
Q. And what you found, and do you agree with this, that that lack of resources actually was limiting the ability to thoroughly investigate these potentially suspicious orders?
A. That's what it says here.
Q. And did you find that to be true?
A. If we're looking backwards, I couldn't tell you. Looking forward, the way I wanted it handled, I needed additional people.
Q. Okay. And then it states in number 5, "Cooperation from customers - how much are they willing to share and will inquiries drive business away?"
Do you see that?
A. Yes.
Q. But, as we discussed, whether or not you lose business and lose profits should not be what drives you on whether or not to have a valid program, correct?

MR. ANDRISANI: Objection, form.
THE WITNESS: I'd agree.
BY MR. CARTMELL:
Q. So this number 5, would you agree with me, that shouldn't be anywhere in anybody's mind about being relevant to whether or not you have a valid program, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I think it's listed as a challenge.
BY MR. CARTMELL:
Q. And it's a challenge because you know from being in this industry for so long, there's a sales side of these pharmaceutical companies that their job is to sell as much product as possible, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: They want to sell as much pharmaceutical product to legitimate customers as they can.
BY MR. CARTMELL:
Q. Right. And the reason they want to sell as much as possible of these opioids, for example, is because their bonuses in part

depend on it, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: The salespeople?
BY MR. CARTMELL:
Q. Yes.
A. Honestly, every -- I don't know what the salespeople do make, what their bonus is, I don't know.
Q. Salespeople sell, right?
A. Yes.
Q. And that's what this is talking about is, you know, losing business is a challenge for Teva when it comes to compliance, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I believe we were saying it was -- what is being said here is that it would be a challenge, whether there was for customer service to deal with, but somebody should be aware that we were going to face some challenges with the customers.
BY MR. CARTMELL:
Q. And if you're compliant, right,

as a pharmaceutical company and you are identifying suspicious orders and you are stopping those orders from shipping, the company might lose sales, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: It's possible.
BY MR. CARTMELL:
Q. And the sales side of the company, you know from your experience might be reluctant to allow that to happen, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: The sales team would not want to damage a relationship they had with a customer, but, you know, would still -- they would still want to be in compliance with regulations.
BY MR. CARTMELL:
Q. Okay. Now, all of this preparation of the white paper and the material that had been put together by someone in the group related to the DEA regulations and the law and the best practices, that was in preparation for a meeting that you were going to have with your superiors; is that correct?

A. Yes.
Q. And I'm going to hand you Exhibit 12.
(Document marked for identification as McGinn Deposition Exhibit No. 12.)
[The following portion of this transcript are deemed Attorneys' Eyes Only. As per counsel's instructions, pages 192 through 199 are contained in a separate booklet.)

THE VIDEOGRAPHER: We are back on the record at 2:02.
MR. ANDRISANI: Thank you for the break. This is Nate Andrisani on behalf of Teva, and after reviewing what was marked as Exhibit 12 and counsel began to ask questions about, we've determined that this document in Teva's efforts to comply with discovery and cooperate as much as it could in producing documents inadvertently produced a document that is privileged. It's to counsel. It appears to be seeking legal advice. It also refers to other discussions with counsel, and, accordingly, we are clawing back what was produced and marked as Exhibit 12, which bears Teva_MDL_A_06925565 through 588, clawing that back and designating it as privileged at this time. We will take steps to claw it back from everywhere that it was inadvertently produced.
In speaking with counsel and explaining the situation with counsel,

we've agreed that for the time being, the testimony that was presented on the questioning with respect to Exhibit 12 will be -- we're moving to strike from it the record officially but will be deemed attorneys' eyes only and will be redacted from the transcript that is circulated amongst the parties in this matter until time where the plaintiffs can bring a motion either to declare this not privileged or that it was -- or the privilege was waived or that we can defeat such a motion or if that can be resolved between the parties externally, but there will be no more questioning on Exhibit 12 today. It was inadvertently produced as privileged information, and we're clawing it back by agreement.

MR. CRAWFORD: Okay. And the plaintiffs' response is that we disagree that this is a privileged document or it should be withheld based on privilege, but we are mindful in understanding that counsel is asserting the privilege here

and asserting the claw back.

I'm not sure exactly how the privilege and claw back procedures are to apply in the instance of a deposition and a deposition exhibit testimony, but we, you know, fully intend to comply with whatever orders might be applicable. In the event the orders don't precisely fit the situation, we are amenable to having the portions of the transcript and the exhibit be excerpted from the circulated draft of the rough and the final until such time as it is -- the issue is resolved and that the excerpted or removed portions would be for attorneys' eyes only and not to be circulated outside of the plaintiffs' attorneys and also to potentially our privilege counsel, Anthony Irpino.

MR. ANDRISANI: Okay. And then it would be limited to -- and it would be limited Teva's attorneys as well, the other parties excluded.

MR. CRAWFORD: Exactly, Teva's attorneys. With that we're agreeable, but we're going to check on the procedures, and if there's any issue there or change that there is, in fact, addressed, we'll try to implement those procedures.

The other thing we'd like to assert too is that if it turns out this is ruled to be not privileged, that we reserve our right to recall the witness and be able to question her on this document on related topics.

MR. ANDRISANI: Understood, thank you.

BY MR. CARTMELL:

Q. Ms. McGinn, we're back on the record after a break.

Are you ready to proceed?

A. Yes.

Q. Before the break we were talking about 2012 and your involvement with now trying to implement a new suspicious order monitoring program.

Do you recall that?

A. We were looking for improvements to the program, yes.

Q. Okay. Well, you were going to launch a new program, correct?

A. Yes.

Q. Okay. And one of the things that you were asked to do by your superiors was to actually do a gap analysis related to the program, correct?

A. I don't recall if it was a gap analysis or gathering data about suspicious order monitoring. Based on what I've seen here, it was gathering data to say what should happen or best practices or any information that we can use to build a better program.

Q. Let me -- strike that.

And the reason you want to make sure you're building a better program or, as we just discussed, launching a new program is because you want to make sure that the program is actually able to identify suspicious orders and prevent diversion, correct?

A. We want to stay on top of the

regulation and be compliant with DEA.
Q. Well, is the goal just to be compliant with the DEA, or is the goal the safety of patients and people?
MR. ANDRISANI: Objection, form.
THE WITNESS: DEA writes regulation for the safety of the patients, and if we comply with the DEA regulation, then, ultimately, yes, it's for patient safety.
BY MR. CARTMELL:
Q. Right, and we've already seen that in one respect the program was found in the executive summary to be noncompliant, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: A portion.
BY MR. CARTMELL:
Q. And you don't want to do the bare minimum, do you?
A. No.
Q. I mean, you want to do more than just the bare minimum to ensure that these drugs are not diverted and causing deaths and overdoses and things like that, correct?

A. We go over the bare minimum and several aspects of DEA compliance.
Q. So patient safety should be the goal and shouldn't be trumped by whether or not you were just meeting the bare minimum that the DEA requires, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: My job is to ensure that we're in compliance with DEA regulations or better.
BY MR. CARTMELL:
Q. Or better so that patients are safe, right?
MR. ANDRISANI: Objection to form.
THE WITNESS: Ultimately, yes.
(Document marked for identification as McGinn Deposition Exhibit No. 13.)
BY MR. CARTMELL:
Q. I'm going to hand you what's been marked as Exhibit 13.
Exhibit 13 was produced from Teva's internal files in this litigation and

from your custodial file specifically, and as you can see, this is a PowerPoint presentation titled "Suspicious Order Monitoring."
Do you see that?
A. Yes.
Q. And, actually, I think you put this together; is that right?
A. I believe I did.
Q. And who did you present this to; do you know?
A. I don't remember if this was for the team of people that Chris was presenting to for buy in to the program. I don't remember if it was to Chris. I don't remember.
Q. Okay. If you go to the second page, you have a slide titled "Complete SOM Solution."
Do you see that?
A. Yes.
Q. Complete suspicious order monitoring solution; is that right?
A. Yes.
Q. And it looks like from this, it's talking about what you believe, based on your

research at that time, is required for a full and robust suspicious order monitoring program?
A. Based on the information I had at the time, yes.
Q. Okay. And at this time, based on all the information you had, you felt that you not only needed to do first line customer vetting of customers, you needed to do an analysis of the customer orders and then subsequently downstream customer monitoring, correct?
A. Yes.
Q. Okay. And you couldn't recall if you did an actual gap analysis, but if you take a look at slide 5.
A. Yes.
Q. Actually, this might be a page off. There's a slide that is titled "Gap Assessment."
Do you see that?
A. That's 6, yes.
Q. And so does this refresh your recollection that, in fact, you did do a gap assessment on the suspicious order monitoring

program?
A. Yes.
Q. And as we saw previously in the executive summary that was produced from the files, the goal of your company actually making this the highest priority was to try to close the gap and make the program compliant, correct?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: It was to make sure that the program was in compliance.
BY MR. CARTMELL:
Q. Okay. And the way to do that is close the gaps, right?
A. Yes.
Q. Okay. And so, for example, I want to explain sort of to the jury what your slide here means, but on the left, if you look under "Activity," that is the -- sort of the first prong of what you thought was an appropriate suspicious order monitoring program, and that was "first-line customer vetting," correct?
A. Yes.

Q. And do you mean by that that for all of Teva's customers that were ordering, for example, opioids, Teva needed to actually do some due diligence things and investigate those customers to make sure that they didn't have suspicious activity going on, for example?
A. Yes.
Q. And then you say current suspicious order monitoring program, you mean the current program at Teva, right?
A. At the time, yes.
Q. And so all that was being done at Teva at this time was that Teva was checking bank references of the clients and also Dunn and Bradstreet reports for the clients, correct?
MR. ANDRISANI: Object to the form.
THE WITNESS: Based on the information I had at the time, that's what I understood the current program to be.
BY MR. CARTMELL:
Q. Right, and you were asked to investigate this by your superiors, correct?

A. Yes.
Q. Okay. And I take it you did a full and complete investigation?
A. I hope so.
Q. Okay. Well, then there's this big blanks below that and that blank space basically is the gap that needs to be filled in, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know that that's the blank space. It's just blank space because there's more on the model program than is on the current.
BY MR. CARTMELL:
Q. Okay. Because all you were doing at that time was those two things, correct?
MR. ANDRISANI: Objection.
THE WITNESS: That's my understanding.
BY MR. CARTMELL:
Q. Okay. And then the last -- the last thing you look at is what you call a model suspicious order monitoring program?
A. Yes.

Q. And that is a program that you thought would be in compliance and satisfying the law of the DEA?
MR. ANDRISANI: Objection.
THE WITNESS: That's a program that I thought at the time would be in compliance with DEA.
BY MR. CARTMELL:
Q. Okay. And there's lots of things listed there that needed to be done in order to appropriately first line customer vet, correct?
A. Yes.
Q. For example, on-site visits to the customer, correct?
A. Yes.
Q. That was done being done by Teva, right?
MR. ANDRISANI: Objection, lacks foundation.
THE WITNESS: Not that I know of.
BY MR. CARTMELL:
Q. Okay. And there needed to be a customer responsibility agreement, right?
A. DEA doesn't require that, but

that was my idea for a model program.
Q. And Teva was not doing that, correct?
A. No.
Q. There needed to be a customer self-assessment questionnaire, right?
A. Again, not specifically called out in a DEA regulation, but it was an idea that I came up with.
Q. Okay. But you also, from the documents I've seen in your file, you also were talking to representatives of other companies, for example, correct?
A. Yes.
Q. And you were asking them what they did for their suspicious order monitoring programs, right?
A. Yes.
Q. In fact, you talked to representatives of Mallinckrodt?
A. Yes.
Q. And that's another pharmaceutical company that sells -- manufactures and sells opioids, correct?

A. Yes.
Q. And some of these ideas that you got came from what other manufacturers of opioids were already doing in their programs, correct?
A. Yes.
Q. Okay. But Teva -- Teva wasn't doing either the customer responsibility agreement or the self-assessment questionnaire, correct?
A. Correct.
Q. You said that there should be a risk score assignment for each of the customers, correct?
A. Yes.
Q. And Teva wasn't doing that, correct?
A. No.
Q. You said that there needed to be a method for reporting unusual transactions, correct?
A. Yes.
Q. And Teva was not doing that either, correct?

A. They did not have a written method for reporting unusual transactions.
Q. But you felt they needed one, right?
A. Yes.
Q. If you go to the next page of your gap assessment the activity listed is "SORDS."
Do you see that?
A. Yes.
Q. What is SORDS?
A. That was Teva's electronic database that all of the controlled substance orders ran through for evaluation.
Q. So let me -- let me see if I understand that.
Does that mean when orders would come in for, for example, opioids from customers, they would put -- be put through this computer algorithm called SORDS?
A. Yeah, all control -- the controlled substances would go through SORDS.
Q. Okay. And was SORDS supposed to be the first line sort of step or computer

algorithm that would flag potentially suspicious orders?
MR. ANDRISANI: Objection.
THE WITNESS: It was the computerized algorithm that would flag potentially suspicious orders.
BY MR. CARTMELL:
Q. Okay. And you say that the current program at Teva included validation of the customer's DEA registration, right?
A. Yes.
Q. So you would just make sure that your customer had a valid license, right?
A. Yes.
Q. And then Teva would also verify normal ordering patterns based on 24 months of historical data by that product class, correct?
A. Yes.
Q. So that was the two -- I'm not a computer guy, but the two factors that the SORDS algorithm would look at to try to flag potentially suspicious orders, fair?
MR. ANDRISANI: Objection, lacks foundation.

THE WITNESS: That's what I understood at the time.
BY MR. CARTMELL:
Q. Okay. And then you looked at the gap between what Teva was doing and what you thought based on all your research and talking to other companies and reviewing the literature and talking to consultants what a model computer algorithm product should be, correct?
A. Yes.
Q. And that includes that the computer program for a model program should look at orders of unusual size, frequency or deviating from a normal pattern, right?
MR. ANDRISANI: Object to form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And it's true that at the time that you did this gap assessment, the computer algorithm that Teva was using was not actually able to identify orders that were unusual frequency or deviating from the normal pattern, correct?
MR. ANDRISANI: Objection.

THE WITNESS: The computer system did not do that, but that does not mean it wasn't being done manually.
BY MR. CARTMELL:
Q. Okay. But when you're talking about SORDS, we know that Teva's computer program was not doing anything but identifying orders of unusual size, right?
A. The computer program, yes.
Q. Okay. And just so it's clear to the jury, we know that the actual law, the regulations from the DEA say that you have to look not only at suspicious orders based on unusual size but also based on unusual frequency or those that deviate from the normal pattern, correct?
A. Yes, but it doesn't say that it all has to be done electronically, doesn't say how to do that.
Q. I understand. I understand.
A. Yes.
Q. But it's just required to look at all those things and make sure you're looking at all those things to try to determine if an order

is suspicious?
A. That's the regulation, but it doesn't say how to do it.
Q. Okay. Then, secondly -- strike that.
But you felt that the computer program should have that capability, and currently at Teva it didn't, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: I felt that the program should have it, and if a computerized system could do it, then we should have the computerized system take care of the other components.
BY MR. CARTMELL:
Q. And it's true, isn't it, that when you talked to other companies, distributors and manufacturers, you found out that their computerized systems actually did that?
A. I don't know at the time this was written that I knew that.
Q. You figured that out later?
A. Yes.
Q. Okay. You also state that the

computerized program should look at a comparison of the order with registrants or other customers of the same type, right?
A. Yes.
Q. And so an example of that would be if the customer, for example, was a wholesale distributor that was a small wholesale distributor, for example, you would want to compare that size wholesale distributor to other customers of that size, correct?
A. Yes.
Q. And, currently, at this time when you were doing your gap assessment, Teva's program was not looking at that, correct?
A. It doesn't appear that it was at the time.
Q. Okay. You also wanted your computer program to look at the location actually of the customer, right?
A. I wanted a review of the customer location to be included in an SOM program.
Q. Well, did you want it --
A. Whether or not the computer could do it or not remained to be seen.

Q. Okay. And is the reason why you wanted the location to be included because, as a DEA expert, you knew that there were certain locations in the country where, for example, diversion of opioids or other controlled substances is greater than other places?
A. Yes.
Q. Okay. For example, at this time Florida, correct?
A. Yes.
Q. Okay. But Teva's system at the time at least was not including that type of information in the analysis, correct?
A. It didn't appear so at the time, no.
Q. Okay. Then you wanted the computerized algorithm to also look at RiskMap or REMS data.
Do you see that?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yeah, I don't want to say that I wanted the computerized system, the algorithm to look at RiskMap or REMS, but it should be -- we should

review the RiskMap or REMS data in the program in its entirety.
BY MR. CARTMELL:
Q. I see. Whether or not it's done by the computer?
A. Right.
Q. And we know that at this time, though, Teva's suspicious order monitoring program was not doing that, correct?
A. I do not believe that Teva had a REMS program in place at the time. We brought REMS with the Fentora and Actiq from Cephalon. They may not have -- I don't think that they had REMS programs for any of their products.
Q. Did they have RiskMap?
A. I don't know.
Q. Okay, but -- okay.
Next it states, "Breadth and type of products ordered." You wanted the program to include a look at that information, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. And, currently, Teva's product or

program was not doing that, correct?
A. Yes.
Q. And then, finally, you wanted orders of interest investigations done through a proceduralized process and to be reviewed by an oversight committee?
A. Yes.
Q. And those things were not currently being done at Teva, correct?
A. I do not believe that there were written procedures in place at Teva. They may have had a procedure but not in writing and --
Q. You just don't recall?
A. I don't remember.
Q. Okay.
A. They had a -- they had a system, they had a procedure, I don't think that it was in writing.
Q. Okay. But you also wanted there to be an oversight committee that would be formed to monitor this program, correct?
A. I wanted an oversight committee to review any potential actions, any results of investigations so that we weren't the only ones

making a decision.
Q. And Teva wasn't doing that when you took over, correct?
A. Not that I know of.
Q. Okay. And so from perspective of the gap analysis related to the computer algorithm, there were big gaps between what Teva was doing and what you felt should be done, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Again, all of the things I have listed in the model program did not necessarily have to be taken care of by a computerized algorithm but should be a part of the program in its entirety.
BY MR. CARTMELL:
Q. I understand, but you wouldn't have put these things here if they were currently being done by Teva, correct?
A. Agreed.
Q. Okay. So my point is there were big gaps between what you looked at in the program, whether it's SORDS or not, related to

what you think -- you thought the program should do, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: There were things that I thought that could be improved than what they were currently doing.

BY MR. CARTMELL:

Q. It was multiple things, correct?

A. Multiple things.

Q. Okay. If you go to the next page -- let me ask you, because I forgot to, about SORDS.

Was SORDS the computer program that Cephalon was using and brought over with them?

A. No.

Q. Teva already had it?

A. Yes.

Q. What was the computer program that Cephalon was using?

A. There was not a computer program.

Q. Was there any type of computer algorithm at Cephalon at all?

A. There was not a computer program

at Cephalon. We had a third party distributor, from what I can recall, that had a computerized system.

Q. Was Cephalon actually using a third party to do their suspicious order monitoring?

A. We -- when I say "we," Cephalon reviewed the orders manually, processed them, sent them to the third party, and then those orders would have been processed through their electronic system, but we ultimately reviewed and approved before it got to them.

Q. I'm confused, because when they would be reviewed by you and then sent to them, was that -- were those orders sent to them to try to do some algorithm to find out if they were suspicious or not?

A. I think it was a second review, say that Cephalon reviewed orders manually, looked to see if there was anything out of line. If there was, and it was not done by me, it was done by the distribution and logistics people, if there was anything suspicious, they would have reported it to me, and then those orders

would have been sent to the distribution center and processed through their electronic system.

Q. Who is the third party that would process those?

A. It was Cardinal Health.

Q. So is it correct to say that Cephalon was using Cardinal Health in some respects to help with their suspicious order monitoring?

A. It would have been a second level review.

Q. Okay. And was Cardinal Health an actual customer of Cephalon's?

A. Cardinal would have -- I'm guessing that Cardinal would have been a customer of Cephalon's.

Q. Like the biggest customer?

A. One of the big three, yes.

Q. Okay. The next page of your gap assessment, the activity that you're looking at is what's called "know your customer's customer," correct?

A. Yes.

Q. And just to refer back, this is

one of the areas in the executive summary that we looked at that was found to be noncompliant at this time, correct?

A. Was it know your customer or know your customer's customer that was found to be noncompliant?

Q. I'm sorry. It may have been know your customer. I think it was.

A. Okay.

Q. Okay. This is different than that?

A. Yes.

Q. Okay. But at this time, you felt like a model suspicious order monitoring program should include activities of Teva trying to know their customer's customers, right?

A. It was trying to know what our customers' customers did with our product downstream.

Q. And because it gets kind of confusing when you say customer's customer, I want to try to explain it for the jury and give an example. Sometimes that makes it easier.

But, for example, if let's say

one of the big three, AmerisourceBergen has ordered a bunch of opioids from Teva and then AmerisourceBergen is going to distribute those opioids to a pharmacy in Florida, the pharmacy in Florida would be Teva's customer's customer, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. Okay. So what you're saying is you thought, based on all your research and talking to other companies and looking at the DEA guidelines and best practices submissions, that to be compliant you all needed to have in your program some investigation of that to make sure that you were identifying appropriately suspicious orders of opioids, fair?

MR. ANDRISANI: Objection, form, misstates the testimony.

THE WITNESS: To improve our program I thought we should do whatever we could to know what was happening with our product downstream.

BY MR. CARTMELL:

Q. I understand.

But you knew from talking to other representatives of other manufacturers and distributors that they had been doing that, correct?

A. I knew that other distributors had chargeback information to evaluate.

Q. And you also knew that Teva was not doing anything related to knowing your customer's customer at this point, correct?

A. That was my understanding.

Q. Okay. And so the gap was you felt like rather than do nothing in that regard, Teva should use Value Centric or chargeback data to evaluate the risk from your customer's customer, correct?

A. Yes.

Q. Okay. And, in fact, I've seen documents on this, and we'll talk about this a little bit more, but at this time, Teva had chargeback data, correct?

A. They had some chargeback data.

Q. And I've seen indications in the document that it was approximately like 51% of

the generic opioids had data like that; is that --

A. That's my understanding.

Q. Okay. So but even though Teva had this chargeback data on 51% of the products, it wasn't using any of that data at this time, correct?

MR. ANDRISANI: Objection.

THE WITNESS: That's my understanding.

BY MR. CARTMELL:

Q. And you knew at this time, in 2012, from your work with the DEA that, in fact, the DEA was requiring companies to use that data to try to find and identify suspicious orders, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: DEA was suggesting that you use chargeback data, but it was not specified in the regulation.

BY MR. CARTMELL:

Q. DEA was requiring it, weren't they?

MR. ANDRISANI: Objection.

THE WITNESS: A requirement would be in the regulation. They suggested that we use the chargeback data if we had it. It is not a regulation.

BY MR. CARTMELL:

Q. I understand it wasn't a regulation, but your understanding, based on the documents that I've reviewed, was that you believed DEA was requiring it; is that true?

MR. ANDRISANI: Objection.

THE WITNESS: DEA was suggesting that we use and look at chargeback data.

BY MR. CARTMELL:

Q. And you wanted the program to be able to look at that data quarterly, correct?

A. Yes.

Q. And, in fact, it was not until 2015 that Teva started using chargeback data to identify potentially suspicious orders, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: I don't know what year we started doing that.

BY MR. CARTMELL:

Q. Okay. We'll come back to that.

Now, I think that completes your gap assessment that you had done; is that correct?

A. Yes.

Q. Okay. Fair to say would you agree with me that when you did this assessment and actually got in there, looked at everything that Teva was doing in their suspicious order monitoring program versus all the information you gathered and what you thought the program to identify suspicious orders should look like that there were very large gaps there?

A. I would agree there was room for improvement.

Q. Okay. Would you agree that there were very large gaps?

A. I would agree that there were gaps and there were several things that we could do to improve it.

Q. Okay. The next slide is actually dealing with the costs to set up this new program for suspicious order monitoring that you were going to launch, correct?

A. Yes.

Q. And I want to go through this real quick, but the bottom line is that you were asking your superiors for money to help make this program better able to identify suspicious orders, fair?

A. Yes.

Q. Okay. And according to your calculations, it was going to cost a little more than half a million dollars to do that, right?

A. In-house, yes.

Q. Okay. What does that mean?

A. If we did the work ourselves, if we hired people and did it ourselves, it was about 500,000.

Q. Okay. And when you say "in-house", you did mention hiring people and, actually, you have up there I think --

A. Yes.

Q. Yeah, a cost for doing that?

A. Yes.

Q. Hire two FTEs for 150,000 approximately?

A. Yes.

Q. What are FTEs?

A. Full-time employees.

Q. And did you, in fact, get authority from your superiors to do that?

A. Yes.

Q. If you turn the page, you talk about developing a SOM implementation task force, right?

A. Yes.

Q. And you talk about who you wanted to be on that task force, and that was members -- or a member from diversions operations, legal, commercial sales, IT and customer service, right?

A. Yes.

Q. Was that program set up?

A. I don't -- I don't know. I mean, we would have had to consult with each one of those people to change the SOM system. We would have had to have input from all these people. I don't recall ever having a meeting called the task force meeting, but we would have consulted with a representative from each one of these departments.

Q. Okay. But this task force was

going to be put together so that you could implement this new program in a timely fashion, correct?

A. Yes.

Q. And then the next page is next steps and talks about program launched by a third party.

What do you mean by "third party"?

A. A contractor.

Q. What do you mean a contractor, a consultant?

A. A consultant. I'm sorry, consultant.

Q. You're talking about an outside consultant?

A. Yes.

Q. And did you, in fact, hire an outside consultant to help you with implementing the new program for suspicious order monitoring?

A. We consulted with a third party to talk about developing the architecture for a new program.

Q. And was that Ronald Buzzeo?

A. Yes.
Q. Okay. And Ronald Buzzeo is somebody that you've worked with for a long time?
A. Yes.
Q. You speak at his seminars sometimes?
A. Sometimes.
Q. He's sort of a guru on DEA compliance?
A. He's been around for a very long time.
Q. You call him an expert, right?
A. I would.
Q. Okay. And then the next slide talks about hiring two diversion investigators. Was that the FTEs?
A. Yes.
Q. So was there actually an ask by you of your superiors to hire three people?
A. No. I don't recall. I think we were just talking about two people. Ultimately, we ended up with a manager and an investigator.
Q. Okay. All right. I'm done with

that exhibit, but before we go on, just because we were talking about it, I'm going to hand you a -- I'm going to hand you what's been marked as Exhibit 14 real quick, and I just have a very quick question. It's another one of your reviews from the year 2015, okay.

(Document marked for identification as McGinn Deposition Exhibit No. 14.)

BY MR. CARTMELL:
Q. This is your performance review from 2015.

And if you go to the second page of that review, under -- in the middle of the page under employee contacts -- strike that.

If you go to the middle of the page under your goal, which is to enhance the review of customer orders and improve the investigation process for DEA holds.

Do you see that?
A. Yes.
Q. That's talking about enhancing the suspicious order monitoring program, right?
A. Yes.

Q. Number 2 states, "BI reporting has become more user friendly so that the investigators can quickly switch from DefOps to BI with one click."

Do you see that?
A. Yes.
Q. What are BI reports?
A. Business intelligence reports.
Q. It states, business intelligence reports are now also being used to collect chargeback data which is helpful in seeing where controlled substances are distributed by customer.

Do you see that?
A. Yes.
Q. Then you say, "This type of information is critical in investigations and has not been analyzed by Teva for this purpose prior to 2015."

Do you see that?
A. Yes.
Q. So even though the DEA recommended using that data and that data, as you said, is critical for looking for suspicious

orders of the opioids, Teva wasn't using it before 2015, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: I can only say that Teva wasn't using it from the time that I arrived in 2012. I don't know what they did prior to my arrival, if they looked at it in any way.

To my knowledge, I don't know what they did with that information.

BY MR. CARTMELL:
Q. Okay. Well, let's explore that a little bit.

Do you honestly believe based on what you found when you became the DEA compliance director that Teva before 2012 might have been using chargeback data to try to find suspicious orders?

MR. ANDRISANI: Objection, argumentative.

THE WITNESS: I don't know to be sure.

BY MR. CARTMELL:
Q. Okay. All you know is when you

got there, they weren't doing it, right?
A. What I know, yes.
Q. And from 2012 when you got there and did your gap analysis and felt like it should be used and was recommended by the DEA, it wasn't until 2015 that you actually used it, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: It wasn't until 2015 that we could use it in a useful way.
BY MR. CARTMELL:
Q. Okay. You had the data, 51% of it before then, correct?
A. There was data there, yes.
Q. Just you never tried to use it, did you?
MR. ANDRISANI: Objection, form.
THE WITNESS: I believe that we looked at trying to use it. It was a little time consuming before it was incorporated with BI. I don't think that we got any useful data out of it where we were able to manipulate the

data to get what we needed out of it in any useful way.
It wasn't until 2015 with the interaction with BI and DefOps that we were able to pull in the information.
BY MR. CARTMELL:
Q. So I just want to be clear, are you telling this jury under oath that before 2015, your company looked at chargeback data and tried to utilize it to identify suspicious orders of opioids?
MR. ANDRISANI: Objection, asked and answered, argumentative, misstates her testimony.
THE WITNESS: What I said was that we had looked at ways to use chargeback data. I'm not saying that it was useful in any way, that we could do an analysis to see downstream. There was no way to organize that data in a useful way until 2015 with the incorporation of BI and DefOps.
BY MR. CARTMELL:
Q. Well, are you saying that just

because it was time consuming before?
A. It would have taken a significant amount of time.
Q. Other companies were doing it; you know that, right?
MR. ANDRISANI: Objection.
THE WITNESS: Yes.
(Document marked for identification as McGinn Deposition Exhibit No. 15.)
BY MR. CARTMELL:
Q. I hand you what's been marked as Exhibit 15.
Ms. McGinn, this document, Exhibit 15, was produced in this litigation from Teva's internal files and was also included in your file.
Do you recognize this document?
A. Yes.
Q. And, in fact, this document is addressed to you; is that correct?
A. Yes.
Q. We talked a minute ago about Teva actually hiring a third party or an outside

consultant to help them with implementing the new suspicious order monitoring program, correct?
A. Yes.
Q. And I think we mentioned Ronald Buzzeo, and, in fact, this is the letter from Ronald Buzzeo that addresses the consulting or some of the consulting that Mr. Buzzeo did for Teva; is that right?
MR. ANDRISANI: Objection, form, foundation.
THE WITNESS: Ron Buzzeo's organization audited. Ron did not audit Teva.
BY MR. CARTMELL:
Q. Okay. And so was there an audit that actually was performed by Mr. Buzzeo's company?
A. Yes.
Q. His company is called what?
A. At the time it was Cegedim.
Q. The title at the top Cegedim?
A. Yes.
Q. And Teva had asked Mr. Buzzeo to

do an audit on its suspicious order monitoring program; is that right?
A. We asked him to evaluate our suspicious order monitoring program.
Q. And you had evaluated and done a gap analysis, right?
A. Yes.
Q. And now you wanted a trained professional with more expertise than you to do the same thing, correct?
MR. ANDRISANI: Object to form.
THE WITNESS: That is correct.
BY MR. CARTMELL:
Q. You can answer.
A. That is correct.
Q. Okay. I want to go through this a little bit, but the date of this is September 25, 2012, and it states, Dear Ms. McGinn, enclosed is our report regarding Teva Pharmaceuticals' suspicious order monitoring system. Teva has a rudimentary suspicious order monitoring system with a process for opening new accounts and pending orders pursuant to calculations performed by a

computer program known as SORDS."
And we just talked about that a minute ago, correct?
A. Yes.
Q. And I want to turn your attention to the next sentence, or, actually, the last sentence states, "Teva has never identified a suspicious order and thus no orders have ever been reported to the DEA."
Do you see that?
A. I see it.
Q. Okay. So at least by September of 2012, after you started and became the DEA compliance manager, you know that in all the years that Teva had been selling and manufacturing opioids, Teva had never identified a single suspicious order, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: That's what it says here.
BY MR. CARTMELL:
Q. Do you have any reason to disagree with that?
A. No.

Q. Okay. And not only had they never identified a single suspicious order of opioids, they had never reported anything to the DEA, correct?
A. That's what it states.
Q. Okay. And then it talks about, like you found, that their customer due diligence procedures were limited to checking to see if they were registered and had credit worthiness, right?
MR. ANDRISANI: Objection, form.
THE WITNESS: Is that on the first page?
BY MR. CARTMELL:
Q. Yeah, first page, the second paragraph, first sentence.
MR. ANDRISANI: I'll object to the form of the question.
MR. CARTMELL: What did I do?
MR. ANDRISANI: I think you implied that it was limited to that. I think it states that's what they do, but it doesn't say that's all that they do.
MR. CARTMELL: Okay. Let me

restate it.
MR. ANDRISANI: Sure.
BY MR. CARTMELL:
Q. And then it states that the customer due diligence procedures, according to the consultant who reviewed the program, the "due diligence procedures are limited to checking customer registrations and credit worthiness," that's what the consultant states, correct?
A. That's what it says here, yes.
Q. And that's the same thing you found in your gap analysis, correct?
A. Correct.
Q. Okay. Now, then it talks about SORDS a little more, and it says, "SORDS is not sufficiently sensitive to customer ordering practices to result in any meaningful analysis of customer order practices."
Do you see that?
A. I see it.
Q. Okay. And you found the same thing in your gap analysis, didn't you?
A. I don't believe I said that from

a statistical standpoint it's not sufficiently sensitive.

Q. Well, I take it that you would defer to the experts in that regard, correct?

A. I would rely on their expertise.

Q. Okay. And I think this is a very important sentence. What this expert who was hired by Teva is saying is that the computer system which is the first line of identifying potentially suspicious orders is not sensitive enough to identify those suspicious orders, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: This consultant was also trying to sell us their own program at the time, so it wouldn't surprise me that they said that ours was insufficient either.

MR. CARTMELL: Object and move to strike. My question is a little different.

BY MR. CARTMELL:

Q. This consultant who you hired and I take it your company hired this consultant

because you felt that they were actual experts on DEA compliance and suspicious order monitoring programs, right?

A. Yes.

Q. Okay. I take it you would have hired who you thought was -- were the best experts in the field?

A. Yes.

Q. Okay. And this expert from Ron Buzzeo's company found that the computer program, the algorithm that was the first line of trying to identify suspicious orders was not sensitive enough to actually meaningfully identify suspicious orders.

That's what this consultant found, correct?

MR. ANDRISANI: Objection to form.

THE WITNESS: That's what it says here, yes.

BY MR. CARTMELL:

Q. If that's true, then suspicious orders to Teva from customers over the years while they've been using SORDS have not been

identified, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: I don't know that.

BY MR. CARTMELL:

Q. You don't know one way or the other, right?

MR. ANDRISANI: Objection.

THE WITNESS: If I wasn't there, no, I don't know that.

BY MR. CARTMELL:

Q. But you had been there for a period of time and responsible, correct?

A. I was responsible in September 2012 when this report was written.

Q. Okay. And it was in effect, this program, SORDS that the expert said was not sensitive enough to meaningfully identify customer order practices, that was in effect while you were the director for much more than a year after this, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Could you ask the question again.

BY MR. CARTMELL:

Q. Yeah. My point is this consultant, the expert you hired from Teva -- or that Teva hired says that this system you're using, the computer algorithm is not sensitive enough to be identifying suspicious orders, correct?

A. Yes.

Q. This system that was in effect in September of 2012, Teva kept this system in effect for over a year after this, correct?

A. That is not correct. SORDS II was put in place in October 2012.

Q. Okay. But --

A. That was an improvement on SORDS.

Q. But this is talking about SORDS II?

A. No. It's SORDS. SORDS was in effect in September. SORDS II was not validated and put into place until October 2013 -- 2012.

Q. Okay. So your testimony is that this system that had been in place since you don't know for how long, correct?

A. No.

Q. Could have been years, you just

don't know?
A. I don't know.
Q. Okay. You're saying that Buzzeo's consultants stated that SORDS II was then appropriate and sensitive enough to identify suspicious orders?
A. They did not evaluate SORDS II.
Q. Okay.
A. This references SORDS, not SORDS II.
Q. Okay. Well, we'll go to the actual report that is attached to this cover letter, if you would, page one, the next page.
A. Mm-hmm.
Q. Just -- and the first paragraph just talks about how the consultants actually came to Teva and did an on-site review and assessment of the system, right?
A. Mm-hmm.
Q. Is that right?
A. Yes. I'm sorry.
Q. It's okay. And then in the last paragraph, I want to direct your attention to those sentences.

The last paragraph states, "new accounts are opened infrequently and there is minimal due diligence. Pended orders are 'cleared' based on telephone interviews with customers, which are handled by Teva customer service staff."
Do you see that?
A. Yes.
Q. And one of the things that you had said you thought an appropriate program should have on-site visits, correct?
A. Yes.
Q. And I believe in this report that you're familiar with, the consultants agreed with that, correct?
A. Yes.
Q. And then if you turn the page, it states, again, "Teva has never reported any suspicious order to the DEA and there is no program to review 'downstream distribution' of Teva products."
And that's what you found, correct?
A. Yes.

Q. And then it states, "there are no formal Standard Operating Procedures or official guidelines."
Do you see that?
A. Yes.
Q. So this suspicious order monitoring program that was supposedly in effect and being used prior to the time you got there didn't have any policies and procedures or guidelines for that procedure?
A. I don't want to --
MR. ANDRISANI: Objection, form.
THE WITNESS: I want to say that when we say "formal," we meant -- I believe that he means written. I don't know that there were any written procedures, which is what I found, but that does not mean that they didn't have some kind of process or procedure.
BY MR. CARTMELL:
Q. Right. There's no formal written procedures, right?
A. Formal as in written.
Q. Okay. And then it states that

there weren't even any official guidelines, right?
A. That's what it says.
Q. Do you think that a suspicious order monitoring program for a very large pharmaceutical company that is manufacturing and selling large quantities of opioid and is required by law to have a program to try to prevent diversion should have standard operating procedures in place or at least official guidelines?
MR. ANDRISANI: Objection, form.
THE WITNESS: I want to say that there's no DEA regulation that states that you have to have a written procedure in place.
BY MR. CARTMELL:
Q. I understand that, but I asked your opinion whether you think that's good practice?
A. It's not a practice that I would want. I would prefer things to be in writing.
Q. Okay. And then it refers to you actually being at or organizing the meetings and

being the review facilitator; is that right?
A. Yes.
Q. Marianne Geiger was the one who spoke to the consultants about the establishment of new accounts and clearing pending orders, correct?
A. Yes.
Q. And Marianne Geiger is in customer service, right?
A. Yes.
Q. As we established previously, that's somebody who has interaction with the customers about the accounts and sales?
A. Yes.
Q. So at the time you took over this program, it was actually somebody from customer service who was in charge of clearing pending orders, correct?
A. That is not my understanding.
Q. Okay. Well, then why did the consultant talk to Marianne Geiger from customer service about clearing these orders, these potentially suspicious orders?
MR. ANDRISANI: Objection, form.

THE WITNESS: I don't know.
BY MR. CARTMELL:
Q. It next states that below that "Teva has approximately 200 active customers" at this time.
Was that consistent with your memory?
A. Yes.
Q. And then it mentions some of those customers including the big four, right, or the big three, AmerisourceBergen, Cardinal Health and McKesson?
A. Yes.
Q. And then major pharmacy chains like CVS and Walgreens, they are also customers, right?
A. Yes.
Q. And then smaller wholesale distributors, like grocery stores, like Winn-Dixie or Kroger; is that right?
A. Yes.
Q. I'm not going to go through all of these findings, but would you agree with me that it's fair to say that the consultant or

consultants from Ron Buzzeo's company found multiple deficiencies in Teva's suspicious order monitoring program?
A. I would say they found multiple findings.
Q. Well, look at page 4, because I want to use the words of the actual consultants.
Do you see that, the first full paragraph of page 4?
A. Yes.
Q. It talks about additional deficiencies.
Do you see that?
A. I see it.
Q. Those are the consultant's words, not mine, right?
A. And not mine either.
Q. Okay. But would you agree with me that the consultants found multiple deficiencies in Teva's suspicious order monitoring program?
MR. ANDRISANI: Objection, form.
THE WITNESS: They found multiple areas where the program could be

improved.
BY MR. CARTMELL:
Q. They called them deficiencies, did they not, ma'am?
A. They did call them deficiencies.
Q. If you look under number 2 finding on page 3 when it's talking about the SORDS program, it states in the last sentence of the first paragraph, "according to customer service manager Marianne Geiger, the system 'pends' less than ten orders a week."
Do you see that?
A. Yes.
Q. So I think that means that of all the orders for opioids and other controlled substances coming into Teva at this time, the system in place at that time would only flag or catch approximately ten a week; is that fair?
MR. ANDRISANI: Objection, form.
THE WITNESS: That's what Marianne Geiger states here or is stated in the report.
BY MR. CARTMELL:
Q. And would you agree with me that

that is in and of itself an indication that the program is not sensitive enough?

MR. ANDRISANI: Objection, form.

THE WITNESS: I wouldn't know that.

BY MR. CARTMELL:

Q. Would you agree with me, and we'll look at some of the documents, maybe you're familiar, that around this time or a few years later, Teva had as many as 10,000 orders per week?

A. Flagged?

Q. 10,000 orders.

A. Oh, in general. I have -- I don't know how many orders they received.

Q. Okay. The last paragraph does say that the consultants did analyze and assess SORDS II, doesn't it?

A. It looks like they reviewed the concept, but there is a section in here that says the improved system -- page 1, that "SORDS II is in testing and is close to implementation." So they may have looked at the user requirements, but at the time of the audit,

it was not implemented.

Q. I understand, but I want -- I just want to be clear, these consultants actually did evaluate and assess SORDS II, even though it was not yet in play, correct?

A. They may have looked at the user requirements, but that's all that would have been available to them at the time.

Q. Okay. But what else would they look at? That's what the consultant is interested in is what is the algorithm, correct?

A. I mean, there's a lot of things they could have looked at, but I don't know what they specifically looked at to evaluate SORDS II. The only thing we would have had in place at the time were user requirements.

Q. No, I understand, but SORDS II was a month from being done, and this consultant actually at page 3 evaluated SORDS II and made some conclusions, correct?

A. They evaluated --

MR. ANDRISANI: Objection, form.

THE WITNESS: They evaluated something, I don't know whether it was

somebody describing it to them or user requirements. I don't know what they looked at to make their evaluation.

BY MR. CARTMELL:

Q. At any rate, it states for SORDS II that it is an improvement, however, the orders are not normalized across different NDC numbers. (This means, for example, that a customer could order frequent smaller amounts of hydrocodone, an opioid, in three or four different products and avoid a violation of the three standard deviation rule).

Do you see that?

A. Yes.

Q. What it's saying is that there are loopholes here, according to the sensitivity of even SORDS II, that would allow them not to pick up potentially suspicious orders, correct?

MR. ANDRISANI: Object to the form.

THE WITNESS: It states here -- yeah, I mean, I --

BY MR. CARTMELL:

Q. Do you see what I'm saying?

A. It's written here -- they have a sentence that BI can be used to enhance predicted outcomes and/or trends. Yes, I see what you're saying.

Q. In other words, you see I'm saying that even SORDS II, according to these consultants, still had loopholes or the inability to pick up some suspicious orders for opioids, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: What they're saying is that SORDS II could still be improved.

BY MR. CARTMELL:

Q. Okay. And, in fact, during your time as the director, SORDS II at some point was taken out of commission, correct?

A. Yes.

Q. And that was because, like you said, you wanted something that was more sensitive, correct?

A. We wanted to make continuous improvements to the program.

Q. But it wasn't until 2015 that the

new program called DefOps was put into play, correct?

A. I don't remember exactly what year, but that sounds about right.

Q. Well, I'll show you -- if you look at -- I'm going to try to find this exhibit -- if you look at your 2015 review.

MR. ANDRISANI: What exhibit was that?

BY MR. CARTMELL:

Q. That's Exhibit 14, and if you look around the area where we were looking, I don't have it in front of me right now.

A. That's page -- the second page, I see it. It was officially launched in May 2015.

Q. Right. So the updated, more improved, more sensitive computer algorithm was not updated for nearly three years after the Buzzeo consultant said that the SORDS product was not entirely sensitive enough, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Two and a half years.

MR. CARTMELL: Let's take a

break.

THE VIDEOGRAPHER: Going off the record at 3:06 p.m.

(Brief recess.)

THE VIDEOGRAPHER: We are back on the record at 3:30.

BY MR. CARTMELL:

Q. We're back on the record after a short break.

Ms. McGinn, are you ready to proceed?

A. I am ready.

Q. Before we took the break, we were talking some about the computer algorithm or computer algorithms SORDS I and II.

Do you recall that?

A. Yes.

Q. And we talked about how the updated software or algorithm to try to identify the suspicious orders that came in was put in place in mid No -- or excuse me -- mid-2015, correct?

A. Yes.

(Document marked for

identification as McGinn Deposition Exhibit No. 16.)

BY MR. CARTMELL:

Q. Now, I want to hand you what's been marked as Exhibit 16 and ask you some questions about this document that was produced to us from Teva's internal files.

Exhibit 16 appears to be a string of texts; is that correct?

A. Looks like IM.

Q. Okay.

A. Maybe an IM.

Q. Instant messaging?

A. Yes.

Q. Is that something that Teva employees use?

A. Yes.

Q. To talk to each other; is that right?

A. Yes.

Q. Okay. I want to go through this and ask you some questions.

This is in December of 2015, correct?

A. Yes.

Q. All right. So you've been involved in directing DEA compliance and the suspicious order monitoring program, you've had oversight on that for a little over three years, is that right, at this time?

A. Yes.

Q. It states -- strike that. This is a text -- excuse me -- strike that.

This is an IM stream, instant messaging stream between you and the manager of suspicious order monitoring, his name is Joseph Tomkiewicz; is that right?

A. Yes.

Q. He says at 3:28 in the afternoon, "if you could give me a call when you get the chance," and gives you his number.

And you say, I'm on a plane right now and won't land in Philly until 5:30. Do you want me to call tonight or tomorrow?

And then he says it can wait.

And then you say, "Does it have to do with CS releasing orders?" And I take it that means customer service?

A. That's what it looks like, yes.
Q. Okay. "How did that happen" is what you say.
And he says "Yep, not sure how it happened, it appears that that ability has been there all along to SORDS."
Do you see that?
A. Yes.
Q. He says, "There's a handful that mostly look like errors, but one that doesn't. And it's an oxy."
Oxy is what in your mind?
A. I would assume he was talking about oxycodone.
Q. And oxycodone is an opioid, correct?
A. It is a Schedule II opioid.
Q. Okay. Highly -- high risk; opioid, correct?
A. It's a Schedule II.
Q. And then you say, "Why would someone release an order like that? Was this person new?"
And you say, "How are we going to

prevent them from doing that until Leroy can fix it?"
And when you talk about them, you're talking about people in customer service, aren't you?
A. Yes.
Q. And we talked about customer service reps, and those are the people that have the relationships with the actual customers and talk to them about sales, correct?
A. Yes.
Q. Okay. And we've talked about how sometimes customer service representatives are reluctant to stop sales or have sales of opioids held, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: It's not -- it's not in their job descriptions to hold orders.
BY MR. CARTMELL:
Q. Right. In other words, they want to sell product, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: They want to move

product to customers.
BY MR. CARTMELL:
Q. And they don't -- yeah, because I think -- strike that.
They don't like to, as you said, upset their customers, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: It's their job to make the customer happy.
BY MR. CARTMELL:
Q. It then says, it was an order -- Mr. Tomkiewicz then says, "It was an order that Matt & I held late Monday, for further review Tuesday. Marianne released the hold late Monday."
Do you see that?
A. Yes.
Q. Okay. Now, we've talked about Marianne earlier, didn't we?
A. Yes.
Q. That's Marianne Geiger?
A. Yes.
Q. And Marianne Geiger is in customer service, right?

A. Yes.
Q. And, in fact, when the consultants from Buzzeo's firm came and did an analysis of the suspicious order monitoring program, they talked actually to Marianne Geiger about releasing orders.
Do you remember that?
MR. ANDRISANI: Objection, form.
THE WITNESS: I believe it said clearing pended orders.
BY MR. CARTMELL:
Q. Right, which would be the same as releasing pended orders, correct?
A. Yes.
Q. In other words, when an order looks potentially suspicious, it would be pended, as you say, right?
A. Yes.
Q. And it would be held and not released, right?
A. Yes.
Q. And what's supposed to happen is that there's supposed to be further investigation into whether or not that could be

a suspicious order for opioids, right?
A. Yes.
Q. Okay. Buzzeo talked to Marianne Geiger in customer services who was telling him how orders were released, right?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: That was not the typical practice for customer service to release orders. I can tell we're surprised that this happened in the -- in the exchange that you just handed me.
BY MR. CARTMELL:
Q. Okay. And then it states, "Why would she do that?"
You say, "You can tell her that she can write up the justification for release - with her name on it."
I'm sensing a little frustration there?
A. Yes.
Q. And some sarcasm?
A. Slight.
Q. What you're saying there, I take

it, is that if something bad happens, then she should be the one whose name on it and should take the fall for it, correct?
A. What I'm saying is I want to know why she released it.
Q. No, you're saying she can write up the justification in her name, aren't you?
A. I am saying that she released it and that we needed justification as to why it was released.
Q. You're saying put her name on it because if something goes bad, her name should be on it, not you, right?
A. What I said was that she should write the justification because she released it.
Q. Okay. And were you saying that because in case there was a suspicious order that was released and there was diversion or some type of DEA action that it should be clear that she was the one that released it and not you?
MR. ANDRISANI: Objection, asked and answered.
THE WITNESS: I wouldn't -- if

you're asking me, I would -- I don't release orders myself, Joe does it.
BY MR. CARTMELL:
Q. So let me, just to make it clear, were you saying that her name should be on it in case there's DEA action or some investigation because she should be the one known to release it and not Joe?
MR. ANDRISANI: Objection, again, asked and answered.
THE WITNESS: I wanted her name on it because she's the one who released it.
BY MR. CARTMELL:
Q. Okay. And then Mr. Tomkiewicz says "Good question -- she should know better."
Do you see that?
A. Yes.
Q. Now, so this SORDS program, according to this instant messaging, at least as of this time had some sort of loophole in it so that customer service could release held orders?
MR. ANDRISANI: Objection.
THE WITNESS: It looks like there

was a glitch that we did not know about prior to this.
BY MR. CARTMELL:
Q. Right, and is it fair to say you have no idea how many times this had happened in the past?
MR. ANDRISANI: Objection, assumes facts not in evidence.
THE WITNESS: I don't remember what we did after this, if there was a backward look at it. I don't recall the details of the discussion after this.
BY MR. CARTMELL:
Q. Okay. But my question is a little different.
Is it fair to say that you caught this one, according to this, but there could have been in the past many other times when customer service was releasing orders that your DEA compliance department had said need to be held and not released?
MR. ANDRISANI: Objection, form.
THE WITNESS: What I would say is they had the opportunity. I do not

remember after this conversation if we did a backward look to see if anything had been released by anyone other than DEA compliance. I can't remember that.

BY MR. CARTMELL:

Q. Okay. But you would agree with me that having a computer system with a glitch, as you called it, allowing customer service people who are reluctant to hold orders to release orders that are potentially suspicious is not good practice?

A. I would agree.

Q. And that would not be indicative of a compliant SOM or suspicious order monitoring program, agree?

MR. ANDRISANI: Objection, form.

THE WITNESS: There is nothing in the regulation that states that customer service couldn't release an order. I would not consider it best practice.

BY MR. CARTMELL:

Q. You wouldn't consider it best practice because why?

A. Just based on experience.

Q. And knowing that customer service people, as we've discussed, because they do not want to disrupt relationships with clients, are reluctant to hold orders for opioids and other controlled substances, correct?

MR. ANDRISANI: Objection to form, asked and answered.

THE WITNESS: It is not their job to hold orders.

BY MR. CARTMELL:

Q. When -- strike that.

(Document marked for identification as McGinn Deposition Exhibit No. 17.)

BY MR. CARTMELL:

Q. Hand you Exhibit 17.

Is it true, Ms. McGinn, that Teva also consulted with Mr. Buzzeo's company and had his company do audits of other facilities, some of the manufacturing plants?

A. Yes.

Q. And I've handed you a document that was produced by Teva from their internal files that is discussing an audit that was

performed by Buzzeo's consulting firms -- consulting firm in July of 2013; is that correct?

A. Yes.

Q. Now, you've been at Teva as the director of DEA compliance for about a year at this time; is that right?

A. Yes.

Q. And you've actually been at Teva for approximately two years at this time; is that right?

A. Approximately, yes.

Q. I want to ask you a few questions about this document. The letter on the first page is to you. It states, Dear Colleen, please find enclosed the report regarding the recent site audit conducted at Teva Pharmaceuticals in Salt Lake City, Utah.

Does Teva have a manufacturing site in Salt Lake City?

A. Yes.

Q. And does that site actually distribute controlled substances?

A. I would say that the site

distributes to our distribution center who distributors to our customers.

Q. Okay. It states, "As noted during the audit, there were numerous recommendations made to enhance compliance, which are included in this report."

Do you see that?

A. Yes.

Q. And, again, like in the last audit report that we discussed previously, there are several findings and recommendations that the consultant gives, correct?

A. Yes.

Q. And I want to ask you about the one at page 10 when the consultant actually did an audit on site at this facility at Teva, a finding was this: "It was stated that Teva Pharmaceuticals only ships controlled substances to the person/company for which each shipment is prepared and does not have a suspicious order monitoring program."

Do you see that?

A. Yes.

Q. And according to the law under

that, 21 CFR 1301.74(b), that's the federal regulation, correct?
A. Yes.
Q. The law says that "The registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances."
Do you see that?
A. Yes.
Q. And the recommendation was that Teva as required by the regulations must monitor all controlled substances orders. In addition, they must analyze customer requests for contract manufacturing for possible indications of suspicious or unusual requests and should have a procedure to report any suspicious orders to the DEA.
Do you see that?
A. Yes.
Q. So when Mr. Buzzeo's consulting company that was hired by Teva did an analysis and an audit of this Salt Lake City facility, it found that it did not have a suspicious ordering monitoring program, correct?

MR. ANDRISANI: Objection to form.
THE WITNESS: Let me again state that this facility in Salt Lake City did not distribute controlled substances to customers. The distribution activity was handled through the Chalfont facility, and all of those orders went through the suspicious order monitoring program.
BY MR. CARTMELL:
Q. I understand, but if it is deemed that they are -- strike that.
If it's deemed that one of your facilities has distribution of controlled substances, the consultants found that they needed a suspicious order monitoring program, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: This facility did not distribute directly to customers.
BY MR. CARTMELL:
Q. I understand.
A. We had a suspicious order

monitoring program through whatever was in place, SORDS. All the orders for Salt Lake City product went through the Teva system in 2013.
Q. This consultant stated that a suspicious order monitoring system was needed for this facility, correct?
MR. ANDRISANI: Objection, form, misstates the document.
THE WITNESS: I'm sorry. Could you repeat it, please.
BY MR. CARTMELL:
Q. I'm just asking you what the document says.
A. Yes.
Q. And you can respond.
A. Okay.
Q. But, first of all, this consultant, when doing the audit of this facility determined that this facility needed its own suspicious order monitoring program, correct?
MR. ANDRISANI: Objection, form, misstates the document.
THE WITNESS: This finding states

that Teva does not have a suspicious order monitoring program.
BY MR. CARTMELL:
Q. At this facility, correct?
A. The audit was of this facility.
Q. Right. And the expert who was hired who did this said and recommended that this facility have its own suspicious order monitoring program, correct?
MR. ANDRISANI: Objection.
THE WITNESS: That's what it says. I would disagree.
BY MR. CARTMELL:
Q. Okay. So you disagree with the expert consultant that your company hired?
A. Yes.
Q. Hand you -- and so I take it as the director of that program, you did not follow the recommendation, and the Salt Lake City facility never put in place its own suspicious order monitoring program, correct?
A. Their orders run through the Teva system.
Q. Is it true, then, that you did

not follow the recommendation of the consultant?
A. I do not remember what we did after that.
(Document marked for identification as McGinn Deposition Exhibit No. 18.)
BY MR. CARTMELL:
Q. I've handed you Exhibit 18.
This is another audit of another Teva facility, manufacturing facility, correct?
A. Yes.
Q. This one is in Brooklyn Park, Minnesota, correct?
A. Yes.
Q. Ron Buzzeo's consultants that were hired by Teva went into that facility and did an audit, correct?
A. Yes.
Q. And they were doing a DEA audit to look whether or not the facility was in compliance with the DEA regulations, correct?
A. Correct.
Q. If you look at page 5 there is a finding by the consultant that I want to ask you

about.
It states under number 4, the last paragraph, CIMA. First of all, what is CIMA?
A. CIMA labs is a facility in Minnesota that was part of the Cephalon organization.
Q. And is this the actual manufacturing facility CIMA that where the audit was?
A. Yes.
Q. Okay. So that's another name for the facility in Brooklyn Park, Minnesota that was being audited, correct?
A. Yes.
Q. And the auditor, the expert from Ron Buzzeo's company that was consulting states "CIMA does not have a suspicious order monitoring program for the controlled substance transferred from the Manufacturing Registration to the firm's other registrations or DEA Registered Reverse Distributors or to other DEA Registered Manufacturers for repackaging and distribution for clinical trials."

Do you see that?
A. Yes.
Q. And then it states the law which requires a suspicious order monitoring program, correct?
A. Correct.
Q. And then, again, this is another facility where the consultant went in and made the recommendation that this facility, CIMA needed a suspicious order monitoring program, and it didn't have one, correct?
A. That's what it says.
Q. Do you disagree with this finding as well?
A. The CIMA labs facility did not manufacture product for patient use. They used -- they manufactured clinical trial material.
MR. CARTMELL: Object, and move to strike the answer.
BY MR. CARTMELL:
Q. Do you disagree with this finding by Teva's consultant that was hired to do an audit as well?
A. Based on the activities performed

at the CIMA Labs facility, yes, I would disagree that they needed a suspicious order monitoring program.
Q. So you believe you had more expertise related to suspicious order monitoring than the consultants from Ron Buzzeo's company that you hired?
MR. ANDRISANI: Objection.
THE WITNESS: I believe I had more expertise in the activities handled at CIMA Laboratories than the consultant did, yes.
BY MR. CARTMELL:
Q. So I take it that in the Minnesota facility, you did not follow the consultant's recommendation, and you did not put in a suspicious order monitoring program in that facility; is that fair?
A. I want to say that today we have SOPs that cover any shipments from facilities outside of the commercial distribution area, but I don't know when it was implemented.
Q. So, ultimately, your company did decide to follow the recommendation?

A. We --
MR. ANDRISANI: Objection, form.
THE WITNESS: We revised an SOP to include any distribution activities that would happen to occur from any facility other than the distribution center.
BY MR. CARTMELL:
Q. I understand. But to make it clear, ultimately, your company decided to follow that recommendation by the Buzzeo consultant related to the Minnesota facility, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Ultimately, we made sure that it was covered.
BY MR. CARTMELL:
Q. Okay. Now, I believe that you hired for the first time a suspicious order monitoring manager in January of 2013; is that correct?
A. That sounds about right.
Q. And who was the suspicious order monitoring manager that you hired?

A. It was Kevin Kreutzer.
Q. Prior to that time, the company, as far as you know, had never had an individual who was specifically assigned to manage the suspicious order monitoring program; is that right?
A. That's correct.
Q. And this was part of the resources that you had requested from your superiors?
A. Yes.
Q. As we discussed, the documents reflected that there was a feeling that your DEA compliance division was under-resourced, and this was a job that you felt was necessary, correct?
A. Yes.
MR. ANDRISANI: Objection, form.
BY MR. CARTMELL:
Q. Where was Mr. Kreutzer hired from?
A. I believe he was working at AmerisourceBergen.
Q. AmerisourceBergen is one of the

big three distributors of opioids; is that correct?
A. They were one of the big three distributors of controlled substances, yes.
Q. Okay. And what position was Mr. Kreutzer working in when at AmerisourceBergen?
A. I don't remember his title, but he was doing suspicious order monitoring.
Q. I see. So was the reason why -- strike that.
Did you actually recruit Mr. Kreutzer?
A. I don't remember if I reached out to him or somebody did. I don't know if he just applied for the job. I don't recall.
Q. Okay. At any rate, you were involved in the interviewing process with him?
A. Yes.
Q. Was there anybody else involved?
A. In the interviews?
Q. Yes.
A. Yes.
Q. Who else?

A. I don't remember exactly. I can make some assumptions, but I can't recall.
Q. Was the idea that you wanted to hire somebody who had experience with suspicious order monitoring at another company, distributor of opioids?
A. Yes.
Q. Was that the idea?
A. Yes.
Q. Okay. And Mr. Kreutzer ultimately only lasted at your company for about two and a half months; is that right?
A. Yes.
Q. Now, when you hired him, do you now know that he was a part of an investigation by the U.S. Attorneys and the DEA about opioids?
A. Could you rephrase the question?
Q. I want to --
A. At the time of hire?
Q. Let me -- let me restate it.
I want you to go back in time, if you can, and tell me at the time you were interviewing Mr. Kreutzer, did you know that he was actually involved in an investigation by the

DEA and the U.S. Attorneys related to opioid?
A. Him specifically or ABC as a company?
Q. Either one. Just tell me what you know, if you can.
A. I mean, I knew -- I mean, I can say that I know that ABC at some point had been fined by DEA or was under investigation. I don't remember what I recall at the time.
Q. Specifically, though, did you know that Mr. Kreutzer was involved as a potential witness or being interviewed by the DEA or the U.S. Attorney's Office related to the distribution of opioids by AmerisourceBergen?
A. I don't --
MS. ROLLINS: Object to form.
THE WITNESS: I don't remember specifically.
BY MR. CARTMELL:
Q. Did you know -- did you know anything about Mr. Kreutzer's involvement with any DEA of U.S. Attorney investigation related to opioids at the time you were interviewing Mr. Kreutzer?

MS. ROLLINS: Objection to form.
THE WITNESS: Not that I recall. I don't know.
BY MR. CARTMELL:
Q. You don't think he told you about that?
A. I don't remember if he did or not.
Q. Do you now know that within a matter of weeks or months prior to the time he started at your company, he had been interviewed by DEA agents?
MS. ROLLINS: Objection to form.
THE WITNESS: It does not ring a bell.
BY MR. CARTMELL:
Q. Was that something that you would have liked to have known?
MS. ROLLINS: Object to the form.
THE WITNESS: It probably would have been nice to know.
BY MR. CARTMELL:
Q. Have you since learned what that investigation by the DEA and/or the U.S.

Attorneys related to opioids was that Mr. Kreutzer was being interviewed about?
MS. ROLLINS: Objection to form.
MR. CARTMELL: What's the reason for the objection?
MS. ROLLINS: Calls for speculation, foundation.
MR. CARTMELL: I just asked if she now knows it. I'll restate it.
BY MR. CARTMELL:
Q. Have you now learned anything about what the investigation by the DEA or the U.S. Attorneys was related to opioids?
A. No, and I think I'm confused about whether we're talking about an investigation of Kevin personally or ABC.
Q. Okay. Well, I don't want to confuse you, because what I'm talking about is you had some interviews with Mr. Kreutzer before hiring him spelling, correct?
A. Yes.
Q. You were interested in hiring him because he was working for AmerisourceBergen, one of the big three distributors of opioids,

correct?
A. Yes.
Q. And I take it you were interested in his credentials and his experience with suspicious order monitoring, right?
A. Yes.
Q. And I'm just trying to find out what you knew when you agreed to hire him related to an investigation that was going on where he met with the DEA and the US attorneys?
MS. ROLLINS: Objection to form.
THE WITNESS: I don't remember.
BY MR. CARTMELL:
Q. Okay.
A. What happened?
Q. My fault. We'll move on.
I'm going to ask you questions about that. It was actually not Mr. Kreutzer. It was Mr. Tomkiewicz.
Did you know that?
A. No wonder I was confused. No.
Q. They both worked there?
A. I was like what are you talking about?

Q. Okay. Sorry about that. We'll talk about that in a minute.

When you hired Mr. Kreutzer as manager of the suspicious order monitoring system, what did you ask him to do?

A. What did I ask Kevin Kreutzer to do?

Q. Yeah.

A. He was going to be responsible to improve the suspicious order monitoring program in general, put in some written procedures and really make some of the improvements that had been recommended.

Q. Okay. Why was Mr. Kreutzer fired within a matter of two and a half months after you hired him?

A. He just was not a good fit.

Q. One of the things Mr. Kreutzer testified to in this litigation is that, in large part, he was fired because he actually contacted a customer about a held order.

Do you have any knowledge of that being part of the reason why he was fired?

MR. ANDRISANI: Objection to

form.

THE WITNESS: Absolutely not.

BY MR. CARTMELL:

Q. Do you recall that he actually did contact a customer or a customer's customer?

A. No.

Q. You don't remember that?

A. I don't remember a discussion about that at all.

Q. Do you recall a situation when you were angry at him for doing that?

A. I don't recall.

Q. So after firing Mr. Kreutzer, was it you who actually fired him?

A. Yes.

Q. Okay. After firing him, once again, you were under-resourced, correct?

A. Yes.

Q. And how long was it before you were able to actually then hire a suspicious order monitoring manager?

A. I don't know the date. We hired Joe Tomkiewicz. I don't remember how long it was.

Q. I think the records reflect that he was hired in January of 2014. Is that consistent with your memory?

A. Joe Tomkiewicz?

Q. Yes.

A. I don't remember. I couldn't tell you. In the interim, Matt Benkert assumed some of the responsibilities for SOM.

Q. Matt Benkert, was he the investigator that was hired for the department?

A. Matt Benkert was already employed by Teva at the time, and we transitioned him into SOM.

Q. Where was he working prior to that?

A. He -- I believe he was at the distribution center. What's happening?

Q. Go ahead.

A. I believe Matt's position was at the distribution center. He was an investigator in our New Britain distribution center.

Q. Okay. Before we talk about Mr. Tomkiewicz, which I want to ask you about the exact same questions I already did ask you

about with Mr. Kreutzer, that we should strike from the deposition, I want to ask you about a document.

(Document marked for identification as McGinn Deposition Exhibit No. 19.)

BY MR. CARTMELL:

Q. Hand you Exhibit 19, which is a series of e-mails that was produced by Teva in this case from your custodial file.

And I'd like to talk to you about this, and because e-mails go in reverse order, I want to start on the last page, the e-mail from Kevin Kreutzer to Matt Benkert and Michael Edwards.

Do you see that?

A. Yes.

Q. The subject is "DEA Holds This Afternoon." Does that likely mean that there was a potentially suspicious order for controlled substances that was being held?

A. It meant that there were orders that were held that needed to be reviewed.

Q. Okay. They were controlled

substances, correct?
A. Yes.
Q. And we'll talk about it in a minute, but if you just quickly -- well, let me -- let's start over.
So the e-mail states on February 27th, 2013, I am leaving at 3:30 for an appointment. Could you check customer orders after I leave.
Do you see that?
A. Yes.
Q. So I take it because Mr. Kreutzer was in charge of monitoring the suspicious orders, occasionally when he was gone, he would have Matt fill in for him?
A. Yes.
Q. And if you go up one page, Matt responds and says, "Kevin, there were 5 holds in Oracle tonight. All were for different ABC locations."
Do you see that?
A. Yes.
Q. So this is AmerisourceBergen that's being talked about, one of the big three

distributors of opioids or controlled substances, right?
A. Yes.
Q. And, apparently, there were orders that you can see at the bottom of the page that were for controlled substances that were held because the order was potentially suspicious?
A. Yes.
Q. Okay. In the second paragraph it says, "Can you also provide Mike, Tim and I some guidance on what your criteria is reviewing, evaluating and releasing these orders moving forward."
So I take it that Matt is basically saying if these guys are going to fill in for Kevin Kreutzer, they need to know the criteria on how they should look at these and determine whether or not to release the orders; is that fair?
MR. ANDRISANI: Objection, form.
THE WITNESS: That's what it looks like.
BY MR. CARTMELL:

Q. Okay. And then Matt asks a series of questions, the first question being, "Are we evaluating orders from the big 4 differently than the rest?"
Do you see that?
A. I see it.
Q. I take it that means are they evaluating whether to hold or release potentially suspicious orders from the big four distributors or big four customers differently than the rest of the customers; is that your understanding?
MR. ANDRISANI: Objection, form.
THE WITNESS: I couldn't say what Matt was talking about here, other than to read the sentence.
BY MR. CARTMELL:
Q. Okay. Well, you're going to end up being on this string of e-mails, so if you want to take your time.
A. Okay.
Q. But you were asked specifically about that --
A. Okay.

Q. -- later in the e-mail. So all I'm asking you --
A. Can I read it?
Q. Yeah, go ahead, and I'll wait and ask you in a minute.
A. (Witness reviews document.) It appears that some of this is cut off, the e-mail.
Q. Yeah, that's the way it was produced to us by Teva. We actually searched the documents to try to find one that wasn't cutoff and we can't find it.
A. Okay.
Q. Okay. So back to Mr. Benkert's response on February 27, 2013 at 7:17 p m., he's asking questions of Kevin Kreutzer, the manager of the suspicious order monitoring program, and saying, "Are we evaluating orders from the big 4 differently than other customers," right?
A. Yes.
Q. And then if you go forward a couple pages or three pages, Mr. Kreutzer actually answers that questions and the other questions, right?

A. Yes.
Q. And he says to Mr. Benkert and others, "Matt, Mike and Tim, in regards to your questions," and then he lists the first question, "are we evaluating orders from the big 4 differently than the rest?"
And he says, "Yes, I am not scrutinizing the big 4 as closely as the secondary distributors and retail pharmacy chains."
Do you see that?
A. I see it, but there's some cut off. I can't see what else he says.
Q. It says something like we all know but we can't -- I don't know what it says because it wasn't provided to us.
Do you see that?
A. Yeah, I don't know what it says either.
Q. Okay. But it -- let me ask you first about that.
Do you believe it is appropriate for a manager of the suspicious order monitoring program to scrutinize potentially suspicious

orders for opioids differently or less for the big four customers than for other customers, do you think that's appropriate?
A. Honestly, I wouldn't know if it was appropriate or not. I've never actually investigated any suspicious orders. This is the guy that had the experience, so we were relying on his expertise at the time.
Q. So as the director of the DEA compliance department and who has oversight of the suspicious order monitoring program at that time, you actually didn't know whether it would be appropriate to scrutinize potentially suspicious orders of opioids from the big customers that provided a lot of sales to Teva than it would be for the smaller customers?
MR. ANDRISANI: Objection, form.
BY MR. CARTMELL:
Q. You didn't know that one way or the other?
A. I was relying on Kevin's expertise, and I don't think he lasted much past this time anyway. I think he was let go not long after this.

Q. Okay. Well, let's go forward.
Then in the next e-mail on the first page at the bottom, it's from Matt Benkert, and it says, Colleen and Mike, this is to you on April 1st of 2013 and to Mike Edwards. Colleen and Mike, below is some criteria for order releases that Kevin had developed I requested from him about a month ago. I wanted to follow up now and confirm is this still criteria you would like us to use going forward or is there part or all of this you would like to see modified?
Do you see that?
A. Yes.
Q. So it sounds like maybe Mr. Kreutzer had been fired at this point?
A. Probably.
Q. And Matt Benkert you said is taking over for him, right?
A. He has not taken over for Kevin. He is backfilling. He was not promoted to manager of the SOM program. He was filling in.
Q. Okay. Let me put that a different way.

I think you testified previously that Mr. Benkert was filling in for Mr. Kreutzer's responsibilities for the suspicious order monitoring program after Mr. Kreutzer was fired; is that fair?
A. Matt was reviewing and releasing orders.
Q. And so he was doing the job that Mr. Kreutzer had been doing?
A. A portion --
Q. Before fired?
A. -- a portion of the job.
Q. Right. And so now Matt is going to have to be the one who is going to decide whether or not an opioid order that is potentially suspicious should be held and investigated or released to the customer, correct?
A. Yes.
Q. And he's asking you should we keep this criteria that Mr. Kreutzer had outlined for us, or should we change it, right?
A. Yes.
Q. And you respond on April 1st at

8:03 p m.

"Matt, thanks for reviewing the orders. I really appreciate the support from you and Tim. I would continue to use the criteria laid out by Kevin in his e-mail. If you are uncomfortable with any part of the advice he's given, let me know."

Do you see that?

A. Yes.

Q. So, as you've testified, you really didn't have the expertise or knowledge to determine really what the criteria should be for releasing orders at that time, correct?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. That's true, right?

A. I would say that I did not have the experience in reviewing orders in a suspicious order monitoring program and releasing them.

Q. And so the criteria included Mr. Kreutzer's criteria, which was to scrutinize -- strike that.

And so one of the criteria that you said was okay and should continue was to not scrutinize the big distributors or the big four as Mr. Kreutzer put it as closely as the secondary distributors when trying to determine whether you should hold and investigate potentially suspicious orders or release them, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: I said that, and in the next sentence I said if you're uncomfortable with any part of the advice he's given, let me know.

BY MR. CARTMELL:

Q. Okay. But Mr. Benkert was actually asking Mr. Kreutzer for his advice because he thought Mr. Kreutzer had more experience, right?

A. Matt handled suspicious order monitoring at ABC as well. He had experience in suspicious order monitoring prior to being employed at Teva.

Q. Now, after years of experience being the director of the DEA compliance, as

we've discussed, at one -- if not, the largest manufacturer of generic opioids in the United States and for having oversight of the suspicious order monitoring program for years, would you agree with me that it would not be a good practice to scrutinize the big four customers, distributors of opioids less than other distributors of opioids?

MR. ANDRISANI: Objection to form.

THE WITNESS: Based on the information I have today in 2018, I would say no.

BY MR. CARTMELL:

Q. You would agree that would not be a good practice, correct?

A. I would agree based on the information now that we have today that it would not be a good practice.

Q. And so did this policy that essentially was put in place in April continue in effect for eight months until Mr. Tomkiewicz was hired?

MR. ANDRISANI: Objection, form.

BY MR. CARTMELL:

Q. Or do you know?

A. I don't know.

Q. It's possible, right?

MR. ANDRISANI: Objection, form.

THE WITNESS: I couldn't tell you one way or the other.

BY MR. CARTMELL:

Q. Would you agree with me that if less scrutiny had been given to the big four distributors of opioids, then it's possible that suspicious orders put in by those big four may have slipped through the cracks and been diverted?

MR. ANDRISANI: Objection to form.

THE WITNESS: I can't say that.

BY MR. CARTMELL:

Q. You don't know?

A. I don't know.

Q. Can I hand you what's been marked as Exhibit 20.

(Document marked for identification as McGinn Deposition

Exhibit No. 20.)
BY MR. CARTMELL:
Q. Ms. McGinn, Exhibit 20 is a one-page e-mail --
Ms. McGinn, Exhibit 20 is a one-page e-mail that was produced from your custodial file in this litigation that involves you and Mr. Kreutzer, who we have been talking about.
Do you see that?
A. Yes.
Q. As we discussed, based on the records, Mr. Kreutzer was fired by you in April of 2013 is that consistent with your memory?
A. Somewhere around there, yeah.
Q. Starting from the bottom, this states in March of 2013, Mr. Kreutzer sends an e-mail to you saying, "FYI. You may be hearing from Michelle Osmian about me contacting a Cardinal customer by phone. Initially, I did go through customer service rep but the conversation was more involved and I needed clarification. So Daniel in customer service set up a call with the purchaser and I spoke to

him yesterday."
Do you see that?
A. Yes.
Q. So it looks like what was happening here was Mr. Kreutzer who was in charge of investigating potentially suspicious orders of controlled substances was trying to investigate a hold on an order of controlled substances and he reached out to the customer himself, right?
A. He reached out to our customer's customer himself.
Q. Okay. We've talked about doing due diligence and investigating your customer's customer, right?
A. Yes.
Q. That's one of the things that the DEA has said Teva and other manufacturers and distributors of opioids should do in order to help them identify suspicious orders, correct?
MR. ANDRISANI: Objection to form.
THE WITNESS: They've said it, but not how to do it or what you're

supposed to do.
BY MR. CARTMELL:
Q. Yeah, but you know that that's one of the things that the DEA has said would be a good practice and would be helpful to identify potentially suspicious or suspicious orders of opioids, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Would be to know your customers -- who your customer's customer is.
BY MR. CARTMELL:
Q. Well and investigate them, right?
MR. ANDRISANI: Objection, form.
THE WITNESS: Investigate is a big word. To know who they were and how they operated.
BY MR. CARTMELL:
Q. Right, and the reason you want to know them, who they are and how they operate is because you want to see if there's any potentially suspicious activity, correct?
A. Yes.
Q. Okay. So Mr. Kreutzer has

reached out to the customer's customer, and he's telling you that you may get a call about that, and then you respond to his e-mail, "I don't understand why you would contact Cardinal's customer. We have no relationship with them."
Do you see that?
A. Yes.
Q. So Mr. Kreutzer has done some downstream investigation, and it sounds like you're angry at him for doing that, correct?
A. What I'm saying here is I don't understand. We would typically ask our customer to get the information from their customer and not reach out to a customer's customer directly.
Q. Did that make you angry?
A. I don't know about angry. I just didn't understand it.
Q. And then he responds, I e-mailed Daniel in customer service about an order with acetaminophen with codeine, which is a controlled substances, correct?
A. Yes.
Q. That exceeded the quarterly limit.

He then says at the end, lesson learned, I will only communicate, in all caps only, with customer service. I apologize.

Do you see that?

A. Yes.

Q. And there was a policy at Teva, and still is today, that when investigating suspicious orders of opioids, that the initial contact and investigation should be done by customer service, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: The contact is initiated by customer service. We, as in Joe Tomkiewicz provides the information that we need from the customer. The customer service reps forwards that information to the customer.

BY MR. CARTMELL:

Q. And is the reason why only customer service is supposed to have the contact with the customer about the investigation is because you don't want to disrupt the relationship?

A. Let me be clear, there are times when Joe talks to a customer directly --

Q. I understand that.

A. -- when it's warranted, so it's not every time. But the initial contact is usually done through customer service.

Q. I understand that. My question is a little different.

Is the reason why customer service typically or the policy is they make the initial contact about the investigation of potentially suspicious opioids because you don't want to disrupt the business relationship with a customer?

MR. ANDRISANI: Objection, form, lacks foundation.

THE WITNESS: They have the personal contact with the customer that we don't have. They know the people typically and would prefer to maintain that relationship with them.

BY MR. CARTMELL:

Q. Is there a fear by the customer service that possibly being contacted by DEA

compliance may upset them or upset the relationship?

MR. ANDRISANI: Objection, form.

THE WITNESS: I don't know what their belief is.

BY MR. CARTMELL:

Q. Now, when Mr. Tomkiewicz was hired to work at Teva as the new suspicious order monitoring manager after Mr. Kreutzer was fired, were you involved in recruiting him?

A. When you say "recruiting," interviewing him, yes.

Q. Was he recruited by you?

A. Matt Benkert brought him to my attention and thought it would be a good idea to hire Joe.

Q. And you had been looking for a new suspicious order monitoring manager for eight months; is that right?

A. That's probably about right.

Q. And did you know when you were interviewing Mr. Tomkiewicz that he was involved in an investigation by the DEA and the U.S. Attorneys related to opioids?

MR. ANDRISANI: And I'll object to form. It lacks foundation.

THE WITNESS: I don't remember if it was brought up during the interview, but at some point in time, I became aware of it.

BY MR. CARTMELL:

Q. Do you think he told you before you hired him?

A. I honestly don't remember.

Q. Mr. Tomkiewicz worked for AmerisourceBergen, one of Teva's customers; is that right?

A. Yes.

Q. And, again, I take it that you wanted to hire somebody who worked at a big distributor or manufacturer of opioids and who had experience related to suspicious order monitoring?

A. We wanted somebody who had experience in suspicious order monitoring, yes.

Q. Okay. Did he tell you, you think, while you were interviewing him and before you hired him that DEA agents had shown

up at his door and told him that he needed to get counsel?

MR. ANDRISANI: Objection, asked and answered, lacks foundation.

THE WITNESS: I don't know if he told me during the interview, but I am aware that he revealed that at some point in time.

BY MR. CARTMELL:

Q. Could have been after you hired him?

MR. ANDRISANI: Objection, form.

THE WITNESS: It may have been.

BY MR. CARTMELL:

Q. Did he ultimately tell you what the investigation was about in which he was contacted by DEA agents and met with DEA agents and U.S. Attorneys?

A. If he did, I don't remember the specifics. I obviously knew it was something to do with suspicious order monitoring, but I don't know if I knew the specifics.

Q. Did he tell you that AmerisourceBergen, where he had worked, had been

under investigation by the DEA since 2008?

MR. ANDRISANI: Objection, form, lacks foundation.

MS. ROLLINS: Objection, form.

THE WITNESS: I don't know if he had told me how long they were being investigated, but I knew that ABC was being investigated.

BY MR. CARTMELL:

Q. Did you ever find out whether or not any of the allegations in the investigation in which he was contacted about had to do with any of his actions, or do you know?

MR. ANDRISANI: Objection, form.

THE WITNESS: I don't know.

BY MR. CARTMELL:

Q. Okay. Now, I think you mentioned that the new suspicious order manager -- or monitoring manager was hired to, for one, put into effect some formal written SOPs, right?

A. Yes.

Q. Standard operating procedures, right?

A. Yes.

Q. And as of 2014 or the middle of 2014, there were no formal written standard operating procedures for the suspicious order monitoring program, correct?

A. There were drafts.

Q. They didn't go into effect until I believe the summer of 2014; is that right?

A. I don't know when they went into effect, to be honest. I don't know the exact date.

Q. Mr. Tomkiewicz testified that he was hired in part to revamp or improve the suspicious order monitoring algorithm that was used, the computer algorithm that was used? Is that true?

MR. ANDRISANI: Objection, form.

THE WITNESS: We would have wanted him to be involved in that, yes.

BY MR. CARTMELL:

Q. And the new algorithm that was put in place in 2015, is that something Mr. Tomkiewicz wrote?

A. It's the DefOps.

Q. Yes.

A. Yes.

Q. Okay. So he wrote that in conjunction with Teva's IT?

A. Yes.

Q. This is a good thing, I'm going through pages here.

A. Please keep going.

MR. ANDRISANI: We're all happy watching you.

THE WITNESS: Are you getting tired?

BY MR. CARTMELL:

Q. Big Xs, big Xs are good.

MR. ANDRISANI: Nobody is happier than the young lady to your right.

THE WITNESS: I don't know about that.

(Document marked for identification as McGinn Deposition Exhibit No. 22.)

BY MR. CARTMELL:

Q. I hand you what's been marked as Exhibit 22, and this is an internal audit that was produced by Teva from their internal files

in this litigation. This was a document that was found in your custodial file.

Are you familiar with this audit?

A. Yes.

Q. I want to ask you some questions about this audit, but, first of all, to put this in perspective, we've now fast forwarded to 2015.

Do you see that?

A. Yes.

Q. And so at this time, you had been the director, and I think you may have been senior director now, of the DEA compliance department; is that correct?

A. Yes.

Q. You got a promotion, right?

A. Yeah, yes.

Q. This e-mail is talking about an internal audit of the DEA compliance department at Teva, right?

A. Yes.

Q. And that was the department that you were the senior director of, correct?

A. Correct.

Q. It states, Dear all, attached please find the Final Audit report of Teva's DEA department, right?

A. Yes.

Q. All right. So if you turn the page, the attachment is, in fact, the final audit; is that right?

A. Yes.

Q. It's dated August 19th of 2015, correct?

A. Yes.

Q. And the next page, there is an "Executive Summary" that I just want to ask you about.

Under "Preface" it states the Operational and R&D Audit group of Global Internal Audit conducted during July 2015 an audit of the DEA department. The audit was conducted in accordance with 2015 GIA Plan as approved by the audit committee of Teva's Board of Directors.

Do you see that?

A. Yes.

Q. So I take it at this time in

2015, Teva's Board of Directors or pursuant to their orders was doing audits of internal departments, different internal departments; is that correct?

A. Yes.

Q. Okay. And what do you recall about this audit, as far as how it occurred?

MR. ANDRISANI: Objection, form, vague.

THE WITNESS: Yeah, I'm not sure what you're looking for. I mean, it was conducted by the global internal audit committee from Israel.

BY MR. CARTMELL:

Q. They came over from Israel?

A. Yes.

Q. And I'll ask you some specific questions.

They interviewed lots of people, right?

A. Yes.

Q. Was most people in management definitely within your group were interviewed?

A. Yes.

Q. Including you, correct?

A. Yes.

Q. And then they were on site to do an assessment of whether or not the group was in compliance with the DEA, correct?

A. Yes.

Q. It states under "Objectives, Scope and Method, The aims of the audit were to review the overall way in which the DEA activities are handled in the US by the DEA department, to assess the various internal processes and to ensure that the risks associated with the activities are properly managed."

Do you see that?

A. Yes.

Q. And that's the department you were managing at this time, right?

A. That's correct.

Q. If you turn the page under "The DEA Department," the second bullet point states, "The dept. has 17 members who oversee the DEA compliance functions and processes for Teva's registered facilities."

So the size of your department at that time was 17. Is that consistent with your memory?

A. Yeah, somewhere around there, I'm sure.

Q. Is that about the same as it is now?

A. Yes.

Q. Has it -- has it shrunk?

A. It has fluctuated. It grew larger and then has shrunk.

Q. How many is it now; do you think?

A. It's 17 now.

Q. Okay. And then the second to last bullet point states, "The organizational structure of the team is highly decentralized. The 17 team members are based in seven different locations."

So that just means that your group is not all in one place, they're in lots of different areas and locations, right?

A. We would have representatives at the manufacturing sites at each DEA registrant, for the most part.

Q. Okay. I want to ask you about some of the findings, and if you go to the detailed report at the last three Bates digits 5 -- let's see, 575, there was a finding related to risk management in your department.

Do you see that?

A. Yes.

Q. The observation from the internal audit group who came and audited your department said, "The overall risk of the DEA operation is in noncompliance with DEA requirements."

Do you see that?

A. I see it.

Q. "This can lead from anything to issuing 'letter of admonition' up to withdrawal of the sites' registrations."

Do you see that?

A. Yes.

Q. So at least the finding by the auditors as of 2015 in the summer, they were saying that from a risk management perspective, there was a risk to your department that could lead to the loss of a license, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: What he's saying here is that risk management is part -- is a DEA requirement, which it is not.

BY MR. CARTMELL:

Q. Is this another audit internally that was done by your company that you disagree with?

A. This is an audit done by an internal audit professional that had no DEA experience.

Q. So is this another audit from -- internally that your company has done, the third audit that we've talked about that you disagree with?

MR. ANDRISANI: Objection, form, argumentative.

THE WITNESS: I would dis --

MR. ANDRISANI: Misstates the testimony.

THE WITNESS: I would disagree that a risk heat-map is a requirement by DEA.

BY MR. CARTMELL:

Q. Okay. At any rate, let's talk

about the findings. Second paragraph states, "Various risks (security, quota, suspicious monitoring, import/export and handling of documentations) are handled at differing levels of performance, but not in an overall, methodological and orderly way."

Do you see that?

A. I see it.

Q. Do you disagree with that?

A. What he's talking about here is --

Q. I'm not asking about what he's talking about, okay. Let me restate my question.

A. Okay.

Q. Do you disagree with that?

A. Yes.

Q. It then states, "There is no organized overall risk management process, no centralized and orderly list of DEA risks and no orderly heat-map of the risks that the DEA department deals with."

Do you see that?

A. Yes.

Q. Do you disagree with that?
A. What I disagree with is that it's a requirement by DEA.
Q. Okay. Do you disagree with the findings?
MR. ANDRISANI: Objection, form.
MR. CARTMELL: That this was -- go ahead, sorry.
MR. ANDRISANI: Objection, form.
BY MR. CARTMELL:
Q. Do you disagree with the findings that there's no organized overall risk management process --
MR. ANDRISANI: Objection.
BY MR. CARTMELL:
Q. -- no centralized and orderly list of DEA risks and no orderly heat-map of the risk that the DEA department deals with, do you disagree with those findings by the internal auditors?
MR. ANDRISANI: Objection, form.
THE WITNESS: At the time of the audit, there was not a risk map for DEA compliance.

MR. CARTMELL: Okay. I'm going to object and move to strike that and ask the question again.
BY MR. CARTMELL:
Q. Do you disagree with the auditors who found that there's no organized overall risk management process, no centralized and orderly list of DEA risks and no orderly heat-map of the risks that the DEA department deals with as of 2015?
Do you disagree with those findings by the auditor?
MR. ANDRISANI: Objection, form.
THE WITNESS: At the time of the audit --
BY MR. CARTMELL:
Q. I'm really just asking if you disagree with the findings.
MR. ANDRISANI: I'm going to object because, one, these are observations, not findings, and she's trying to explain what she disagrees with because it's hard to just agree or not agree with something written on a

piece of paper by somebody else.
MR. CARTMELL: Okay. But I think what she's trying to do is answer a different question, okay, and really all I want to know, for the record, is whether these -- and I'll call them observations, she disagreed with or not, and then I'll move on.
BY MR. CARTMELL:
Q. Let me restate the question.
The observations by the auditors who interviewed you and several other members of your department that you were running at the time, the observations that there was no organized overall risk management process, that there was no centralized and orderly list of DEA risks and that there was no orderly heat-map of the risk that the DEA department deals with, do you disagree that those were observations, those were accurate observations by the auditor as of 2015?
MR. ANDRISANI: Objection, form.
THE WITNESS: It would be accurate to say that we did not have a

risk map.
BY MR. CARTMELL:
Q. Do you disagree that they observed that you didn't have any organized overall risk management process?
A. Not the one he was looking for.
Q. So you disagree with that, or you agree?
A. We know what the risks are with DEA compliance. He was looking for a heat-map, which he did not have -- we did not have at the time of the audit.
Q. Do you disagree with his observations that you had no centralized and orderly list of DEA risks? Do you disagree with that observation by the auditor?
A. Yeah, I mean, as he states here, the main risks are somehow handled in a routine management process, but no centralized risk management approach led by the DEA department in the paragraph below.
MR. CARTMELL: Object and move to strike.
BY MR. CARTMELL:

Q. Do you disagree with the finding by this auditor where he says that your department had no centralized and orderly list of DEA risks? Do you disagree with that?
A. I would disagree.
Q. And do you disagree with the observation of the auditor when he said that your department -- various risks are handled at differing levels of performance but not in an overall methodological and orderly way?
MR. ANDRISANI: Objection to form.
THE WITNESS: He's talking about the risks and the components of a DEA program, I would disagree.
BY MR. CARTMELL:
Q. The auditor actually then states the potential risks that were found, and he says, "Lack of overall vision of the risks and unfocused handling thereof, mistaken prioritization of the time and manner in which they should be handled."
Do you see that?
A. I see it.

Q. This is your department he's talking about, isn't he?
A. He is.
Q. Do you disagree with that potential risk that the auditors found at Teva?
A. I would disagree.
Q. And then the auditors stated that the category of these findings of your department related to risk management was high, correct?
A. Yes.
Q. And we can determine what a high risk or a high category, high risk category means if you go to the last page, right? There's definition of risk rankings.
A. Mm-hmm.
Q. And high risk means "This is a serious internal control or risk management issue that if not mitigated may, with a high degree of certainty, lead to substantial losses (at Local level), possibly in conjunction with other weaknesses in the control framework or the organizational entity or process being audited. Serious violation of corporate strategies,

policies or values. Serious reputation damages, such as negative publicity in national or international media. Significant adverse regulatory impact, such as loss of operating licenses and material fines."
Do you see that?
A. Yes.
Q. Your department that you were running after three years of being the director of the DEA compliance department was found to be high risk as far as risk management, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: That was his opinion.
BY MR. CARTMELL:
Q. It then states, "As a high risk issue, immediate management attention is required. The finding is reported to the Audit Committee quarterly."
Do you see that?
A. Yes.
Q. And so it's clear, if you go back to the prior page where this observation is, there's a section, this is at 575, if you go

back to the page that we talked about where the observations were that led to the high risk category, there is a "Management Response/Action Plan."
Do you see that?
A. Yes.
Q. And it says "Agreed," doesn't it?
A. Yes.
Q. So at the time you were asked what the response would be of your department, you agreed with those findings, didn't you?
A. I agreed to provide him a risk heat-map.
Q. Okay. Let's go and look at another finding related to your department on last three digits 581.
The auditors also evaluated and assessed the suspicious order monitoring program that was in effect in your department; is that right?
A. Yes.
Q. In other words, they came over and they interviewed you and the other managers in the department and other employees in the

department to find out whether or not that was a fully compliant suspicious order monitoring program, correct?

A. Yes.

Q. Okay. If you look at the observations by the auditor, it states, "In order to identify anomalous sales activity, an overall process of reviewing all sales order is conducted by the 'DefOps'."

Now, that's the computer program that Mr. Tomkiewicz wrote and became in effect in the middle of 2015, correct?

A. In March 2015, yes.

Q. Oh, I'm sorry, it was March, okay.

Skipping down a little bit, it says, "DefOps sifts through approximately 10,000 monthly order line items and automatically releases approximately 95% of the orders that fit a customer's normal order pattern."

Do you see that?

A. Yes.

Q. The remaining 5% of the orders that did not pass initial sorting are manually

checked and placed on hold until they will be rechecked by trained team members of suspicious -- of excuse me -- suspicious order monitoring and then the release is enabled.

Is that consistent with the process?

A. That's what's stated here. I don't know if the process, if the percentages are accurate, but that's what's stated here.

Q. Okay. Now, I want to refer you back to when we were talking earlier about the SORDS computer. You'll remember that Mr. Buzzeo's consulting company when it was actually evaluating the SORDS system and the suspicious order monitoring program, it said that approximately I think was ten orders were pended or flagged weekly.

Do you remember that?

A. Yes.

Q. So, apparently, when DefOps took over and SORDS went out and maybe SORDS II had more than that, it went up to 10,000 orders and 500 of those a month being pended, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Based on the percentages he has here.

BY MR. CARTMELL:

Q. So the SORDS computer algorithm that was used by Teva for many years to identify suspicious orders was, according to Buzzeo report, pending or flagging as potentially suspicious orders approximately 40 a month, correct?

A. Yes.

Q. And DefOps was pending and flagging potentially suspicious orders of approximately 500 a month, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: Based on this, yes.

BY MR. CARTMELL:

Q. Fair to say that a large number of potentially suspicious orders were likely slipping through the cracks when SORDS was in effect?

MR. ANDRISANI: Objection, form, lacks foundation.

THE WITNESS: I mean, that's three years later. I don't know what

the product mix was, how many more orders it was. I have nothing to base that on.

BY MR. CARTMELL:

Q. If you go down a little bit, it states, "From a total share of delayed orders, only a small quantity are delayed for more than one day (approx. 25 orders a month)."

Do you see that?

A. Yes.

Q. So out of the 500 that are pended monthly or flagged for potentially being suspicious, approximately 25 of those actually are even held for more than one day for investigation, right?

MR. ANDRISANI: Objection, form.

THE WITNESS: That's what he says here.

BY MR. CARTMELL:

Q. And I've looked at the document, and it looks like the documents from the system, the Oracle system that's used, a huge number of the held orders are actually released within a matter of minutes, aren't they?

A. I don't know, because I don't release the orders, I couldn't tell you.
Q. It states, "and during the last year only 2 suspicious order reports were submitted to the DEA agency."
Do you see that?
A. Yes.
Q. And we're in 2015, correct, at the time of this audit report?
A. Yes.
Q. So out of the 10,000 monthly or 120,000 orders in a year, only two of those orders were actually found to be suspicious orders; is that right?
A. It says here over the last year, only two were reported.
Q. Right, and if you do the math, right, there's 120,000 in a year, right?
MR. ANDRISANI: Objection.
THE WITNESS: 120,000 orders?
BY MR. CARTMELL:
Q. Yeah, 10,000 a month, 12 months.
A. If that was consistent, I mean, if -- I don't know if that's an average. I

don't know.
Q. Okay. It then states, "The manual testing process for the segment of suspicious orders and the release of approximately 5% of them is conducted by one person who has the authority to change the status of orders from 'hold' to 'release'. Granting exclusive authority to a single person to release a suspicious order constitutes a risk for mistakes."
Do you see that?
A. I see it.
Q. Do you agree with that?
A. Certainly not a requirement.
MR. CARTMELL: Okay. I'll object and move to strike.
BY MR. CARTMELL:
Q. I'm not asking if there's a DEA requirement.
I'm asking if you agree with the observation, so let me ask it again.
The observation and finding by the auditor where he states, "Granting exclusive authority to a single person to release a

suspicious order constitutes a risk for mistakes," do you agree with that?
A. I don't know if I agree with that or not.
Q. And when he's talking about mistakes here, what he's talking about is the potential that a suspicious order for an opioid product actually not being properly held and being shipped and then diverted, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: You'd have to ask him. He wrote it.
BY MR. CARTMELL:
Q. Well, you know what he means by mistakes, don't you?
MR. ANDRISANI: Objection.
THE WITNESS: I know what a mistake is, yes.
BY MR. CARTMELL:
Q. And a mistake in a suspicious order monitoring program means that a suspicious order that actually should be held and investigated and potentially reported to DEA is not, and it's actually shipped to the customer

and potentially diverted, correct?
MR. ANDRISANI: Objection, form, argumentative and lacks foundation.
THE WITNESS: A mistake could also mean that a order was reported to DEA and shouldn't have been. A mistake could go either way.
BY MR. CARTMELL:
Q. There's only two reports out of 120,000 orders, correct?
A. You asked me if I knew what a mistake was. A mistake is human error here.
Q. Right. Well, under potential risk it states what he means by mistake, doesn't it?
A. He states that in potential risks.
Q. Right. What he's talking about is a false approval and release of suspicious sales orders, right?
A. That's what he says.
Q. So a mistake is there's supposed to be an order that is held and investigated and your system he's saying that you have in effect

may be leading potentially to orders that are suspicious and may be diverted down the road, are not being held and they're mistakenly being shipped to customers, correct?

MR. ANDRISANI: Objection, lacks foundation, form.

THE WITNESS: He's saying that there's a potential risk that that could happen.

BY MR. CARTMELL:

Q. And do you agree with the finding of the auditor from Teva who did this analysis and assessment by interviewing people and looking at your systems process?

MR. ANDRISANI: Objection, form, lacks foundation. Again, are you referring to the risk he puts in observations or the potential risk for suspicious order monitoring program that's at F?

MR. CARTMELL: She can answer.

MR. ANDRISANI: Confusing the record.

THE WITNESS: Could you repeat

the record, please.

BY MR. CARTMELL:

Q. Do you agree with him -- let me see what the question was.

MR. CARTMELL: Read it back, please.

(Whereupon, the court reporter read back the following:

Q. And do you agree with the finding of the auditor from Teva who did this analysis and assessment by interviewing people and looking at your systems process?)

MR. ANDRISANI: And I object to the form.

THE WITNESS: I believe that we put in a second person review into the process to alleviate the potential risk.

BY MR. CARTMELL:

Q. So that was actually your adoption of the finding, your agreement with the finding, that there could be potential mistakes and orders released that shouldn't have been, correct?

MR. ANDRISANI: Objection.

THE WITNESS: That was our way to reduce the risk of error or mistakes.

BY MR. CARTMELL:

Q. Okay. And then it talks about the category of risk, and the risk category here is a moderate risk.

Do you see that?

A. Yes.

Q. And if we look at the back page, there's a definition of the moderate risk. A moderate risk is an internal control or risk management issue that could lead to financial losses. Loss of controls within the organizational entity or process being audited. Reputation damage, such as negative publicity in local or regional media. Adverse regulatory impact, such as public sanctions or immaterial fines.

Do you see that?

A. Yes.

Q. Do you agree that those were the potential risks that were in play in your department in 2015 related to the suspicious

order monitoring program?

A. That was the auditor's assessment.

Q. And I'm asking if you agree with the assessment that that was the potential risk to your company as a result of the program you had in effect?

MR. ANDRISANI: Objection, form.

THE WITNESS: (Witness reviews document.) Yes.

(Document marked for identification as McGinn Deposition Exhibit No. 21.)

BY MR. CARTMELL:

Q. I'm going to hand you Exhibit 21. I don't think these are stapled, I apologize. There's one.

MR. ANDRISANI: I think we can manage. This guy is unbelievable.

MR. CARTMELL: He's got a stapler. You are really a nerd.

MR. ANDRISANI: It goes beyond the stapler.

BY MR. CARTMELL:

Q. Ms. McGinn, this is a PowerPoint presentation that was produced by Teva from the internal files, and I believe -- yeah, this was actually in your custodial file as well.

Do you recognize this PowerPoint presentation?

A. Yes.

Q. And this PowerPoint presentation it looks like was prepared and presented by Joseph Tomkiewicz, who is DEA compliance manager within the DEA compliance department, correct?

A. Yes.

Q. Mr. Tomkiewicz has testified in this case that he has been since 2014 and continues to be the manager of the suspicious order monitoring program at Teva, correct?

A. Yes.

Q. Now, I want to start by looking at slide three. This document reflects the number of suspicious orders from 2014 through 2017 that your company, Teva, had identified during those four years, correct?

A. Yes.

Q. And we know from the internal

audit that we just saw in 2015, it actually said that within the last year, there had been two, but we know from prior documents that Teva didn't even start making or identifying suspicious orders until 2013.

Is that consistent with your memory?

MR. ANDRISANI: Objection, form.

THE WITNESS: That's all I would have knowledge of, based on the documents that we saw, yes.

BY MR. CARTMELL:

Q. Okay. And I believe there was one report of a suspicious order in 2013, correct?

A. I think so.

Q. And then so if we go before that to 2012, we know that there was not any orders of suspici -- excuse me -- not any -- strike that.

And then we know if we go back to 2012, there was not any suspicious orders of opioids identified by Teva, correct?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. Okay. And, in fact, if Mr. Hasler is right and Teva had been selling and manufacturing opioids since 2006, they had never found a single suspicious order from 2006 until 2013, those seven years, correct?

MR. ANDRISANI: Objection.

THE WITNESS: Yes.

BY MR. CARTMELL:

Q. So I want to talk about during the period of time that you were at Teva from 2012 to 2016, it looks like there was six suspicious orders of opioids or other controlled substances that was identified by Teva; is that correct?

A. From 2012, yes.

Q. From 2012 through '16, correct?

A. Yes, that's what it looks like here.

Q. Okay. And if we can believe the audits reports that during that time there was approximately 10,000 orders a month or 120,000 a year, that would be 720,000 orders; is that

correct?

MR. ANDRISANI: Objection.

THE WITNESS: I have no way of telling that 10,000 was a one month look or if it's an average. It didn't say. I don't know how many orders.

BY MR. CARTMELL:

Q. Okay. Well, do you have any idea whether or not that's been a consistent number or whether that's gone up over time?

A. I don't. I don't review the orders. I don't see what comes through the system.

Q. At any rate, we know from the documents in this case and from the testimony that for those six years, until 2017, from 2012 to 2017, there were millions and millions, maybe over 100 million opioid pills that Teva put into communities, and from those only six suspicious orders were found by your company, correct?

MR. ANDRISANI: Objection, form, lacks foundation.

THE WITNESS: I don't know how many tablets Teva produced during that

time frame.
BY MR. CARTMELL:
Q. Well, you remember we looked at documents that showed that there was close to 70 million prescriptions during 2012 through '16, correct?
A. I'd have to go back to the document, if you want to pull that out. I don't remember which one it was. It's not something that my department produced.
Q. Exhibit 8.
A. Eight. I got it. Okay.
Q. Close to 70 million prescriptions during 2012 to 2016 at Teva for opioids, correct?
A. Where does it say that?
Q. If you add the columns 2012 through 2016.
You see that?
A. Yes.
Q. That's rough math. And, as we discussed, each of those prescriptions could include 30, 60, 90 or more pills, correct?
A. I have no way of knowing how many

pills were included in each prescription.
Q. Well, you know it's millions and millions?
A. It's millions.
Q. You know it's much more than 70 million, correct?
MR. ANDRISANI: Objection.
THE WITNESS: Based on rough math here, it's millions of scripts.
BY MR. CARTMELL:
Q. And during those years, only six suspicious orders were found by Teva, correct?
MR. ANDRISANI: Objection, asked and answered. She's told you that.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. Now, if you go back a page, I want to ask you a few questions about the first slide in Mr. Tomkiewicz's presentation.
You're familiar with this slide, I take it?
A. Yes.
Q. And this shows that over time from 2000 to 2015, there has been a steady

increase of deaths by overdose from opioids.
Do you see that?
A. Yes.
Q. Including from prescription opioids that Teva and other manufacturers and distributors have put into the system, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: That we distributed to patients.
BY MR. CARTMELL:
Q. And during all this period of time that Teva has actually manufactured and distributed or sold opioids, they've been required to have an effective suspicious order monitoring program and effective safeguards in place to prevent diversion of those opioids, haven't they?
MR. ANDRISANI: Objection, form, asked and answered.
THE WITNESS: Yes.
BY MR. CARTMELL:
Q. We saw documents that when you started at Teva in 2002 -- '12 as the director, in the executive summary it was determined that

part of that program was not compliant and was at risk, correct?
MR. ANDRISANI: Objection, form, asked and answered. How much time -- how much more do you have? It's 5:00.
MR. CARTMELL: Very little.
THE WITNESS: Sorry. Could you repeat.
BY MR. CARTMELL:
Q. We saw that documents, if we go to this back in 2012 when you first started, showed when you were first looking at the suspicious order monitoring program at Teva that it was not compliant, correct?
MR. ANDRISANI: Objection, form, asked and answered.
THE WITNESS: I saw that there could be improvements to the program.
BY MR. CARTMELL:
Q. Well, you also saw from the executive summary that you said you may have put together that part of that program related to the due diligence or know your customer was noncompliant, correct?

MR. ANDRISANI: Objection, form.
THE WITNESS: We knew that there was some improvement to make.
BY MR. CARTMELL:
Q. The words were noncompliant; is that correct?
A. That's what the report said.
Q. And we know that outside consultants you hired in your gap analysis showed that there were lots of gaps in the suspicious order monitoring program, and there were deficiencies by Mr. Buzzeo's consulting company found in that program, correct?
A. There were findings written up in the report that he called deficiencies.
Q. Do you think that if, in fact, the suspicious order monitoring program at Teva had been fully compliant and had not had the gaps that you identified in your analysis and that the Buzzeo consultant identified in his analysis that potentially there could have been less diverted opioids that were distributed or sold by Teva?
MR. ANDRISANI: Objection, form.

THE WITNESS: I have no way of knowing that.
BY MR. CARTMELL:
Q. Do you think if your company from 2012 till now had a more robust and as you called it a model suspicious order monitoring program, there's a chance that there would have been less diversion of the opioids from those orders that came to Teva?
MR. ANDRISANI: Objection, form.
BY MR. CARTMELL:
Q. Or do you know?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: I have no way of knowing that.
MR. CARTMELL: How long have we been going?
THE WITNESS: All day.
MR. ANDRISANI: We've been going about an hour and a half since the last break.
MR. CARTMELL: Let's take a break.

THE VIDEOGRAPHER: Off the record, 5:05.
(Brief recess.)
THE VIDEOGRAPHER: We are back on the record at 5:20.
BY MR. CARTMELL:
Q. Ms. McGinn, we're back on the record after a short break. Are you ready to proceed?
A. As I'll ever be.
Q. Okay. We are going to now move into a different topic, and I want to switch gears. We've talked a lot about your time at Teva, and I want to talk a little bit about your time at Cephalon in compliance, okay?
A. Okay.
Q. And we know from your prior testimony, you were at Cephalon as an employee in compliance for eight and a half years; is that right?
A. Yes.
Q. Okay. And you told me, but I apologize and I can't remember, during what period of time at Cephalon were you involved

with or responsible for the suspicious order monitoring program?
A. It would have been the promotion for associate director. I can't remember when that was.
Q. I think you were promoted to associate director, according to your LinkedIn page, in September of 2012?
A. It's not clear from that. I think we see it on the org chart in 2010 that my title is listed as associate director, so it was somewhere around 2010 or shortly before that.
Q. Okay. So the time period that you would have been involved in suspicious order monitoring for opioids prior to coming to Teva and becoming the compliance -- DEA compliance director was at sometime around 2010 until 2012; is that right?
A. Yes.
Q. But you got to Teva in October of 2011, correct?
A. Yes, yes.
Q. Okay. So let's divide it up into the period of time before you were involved in

Cephalon's suspicious order monitoring program, did you have any idea what that program consisted of at Cephalon from 2004 until 2010?

A. It's my understanding that the logistics and distribution department reviewed incoming customer orders, and then those orders were forwarded to a third party distributor, Cardinal Health, and they would have had an electronic system, I don't know when their system was put in, but it was reviewed on a manual level at Cephalon and then also passed through Cardinal's system.

Q. Okay. As we have discussed as a part of your testimony related to Teva, to have a complete suspicious order monitoring program, it's not just the computer program, you also need to be having, for example, due diligence and investigations of potentially suspicious orders, correct?

A. Yes.

Q. What did Cephalon do in that regard, do you know, and who did it?

A. I don't know. We had a very small number of customers that we were dealing

with. Randy Bradway was in charge of the logistics and distribution department. He maintained a relationship with the customers.

Q. So was Randy Bradway the individual responsible for suspicious order monitoring of the opioids Cephalon was selling between 2004 and 2010?

A. Randy Bradway was responsible for reporting anything that would have looked suspicious to me to report to DEA.

Q. But only to you after 2010, right?

A. Right.

Q. Who was Randy Bradway responsible to report those potentially suspicious orders to prior to 2010?

A. I don't know.

Q. Do you know who was responsible for the suspicious order monitoring program prior to 2010?

A. I don't -- they didn't -- I'm going to assume that he would have come to me at some point as the DEA person on site. He was in West Chester as well, that he would have come to

me.

Q. During the eight and a half years that you were at Cephalon, did Cephalon ever identify a suspicious order for either Actiq or Fentora?

A. No.

Q. Is it your understanding that Cephalon never when selling Actiq starting in 2001 and Fentora starting in 2006 ever reported to the DEA a suspicious order for those drugs?

A. 2001 to 2006?

Q. Let me -- that was a confusing question.

I'm trying to figure out if Cephalon ever, from the time it started actually manufacturing and selling opioids, and we've talked that those two opioids that it did sell and manufacture were Actiq and Fentora, correct?

A. Yes.

Q. Did Cephalon ever identify and report a suspicious order for either of those opioids?

A. In the time period I was there from 2004 forward, I am not aware of any.

Q. And you think you would have known if they had?

A. I would think so.

Q. As far as the time period with Actiq from 2001 to 2004, do you think you would have known if there had been a suspicious order identified and reported to the DEA during that period of time?

A. I don't know.

Q. Okay. Is it true that at Cephalon there was never a formal written standard operating procedure related to suspicious order monitoring?

A. I recall a section of a SOP where we added a line about reporting suspicious orders. I don't remember exactly what it said, but it was added to a logistics and distribution procedure.

Q. There was an order monitoring policy put in effect in 2009.

Do you think that's what you're referring to?

A. Probably.

Q. Let's take a look real quick. It

is document 1295. Hand you what's been marked as Exhibit 24 -- I'm sorry -- 23.

(Document marked for identification as McGinn Deposition Exhibit No. 23.)

BY MR. CARTMELL:

Q. It's just a one-page e-mail that was produced from Teva's files related to the time period 2009 when you were still an employee of Cephalon, correct?

A. Yes.

Q. And if you look at the bottom e-mail from you to Kevin Friel, who is that?

A. I don't remember what department Kevin worked in. He must have been in logistics.

Q. Okay. This is an e-mail from August 19th from you to Kevin. The subject is Suspicious Order Monitoring.

"Kevin, I have some people coming in sometime over the 4th quarter to do an internal DEA audit. One of the things they mentioned they wanted to review was our suspicious order monitoring program. I know we

were working on SOP, but was it ever finalized? If not, we need to get that done before the audit. If there's anything I can do to help, let me know."

And up above Kevin responds, "Colleen, this was approved on June 1st."

Do you see that?

A. Yes.

Q. So is this -- does this refresh your recollection, in other words, that the suspicious order monitoring formal written standard operating procedure was put in effect in August of 2009?

A. The written procedure, yes.

Q. Okay. Were there any responsibilities that Cephalon had for suspicious order monitoring related to the risk map for Actiq or Fentora; do you know?

MR. ANDRISANI: Objection, vague.

THE WITNESS: I'm sorry. Can you repeat that.

BY MR. CARTMELL:

Q. Were there any responsibilities that Cephalon had for suspicious order

monitoring related to the risk map for Actiq or Fentora?

MR. ANDRISANI: Objection.

THE WITNESS: To the risk map?

BY MR. CARTMELL:

Q. Do you know what the risk map was?

A. I know that there is a risk map. I just don't know which one you're referring to.

Q. Which risk map?

A. Yes, quality did a risk map. I know that I had a risk map that I contributed to for quality.

Q. But it wasn't related to --

A. At Cephalon.

Q. It wasn't related to suspicious order monitoring?

A. It was DEA compliance in general, and I don't know if it included suspicious order monitoring.

MR. CARTMELL: Okay. I think that's all the questions I have. Thank you very much for your time. Actually, my partner over here -- okay, that's all

the questions I have. Thank you.

THE VIDEOGRAPHER: Going off the record, 5:31.

(Pause.)

THE VIDEOGRAPHER: We are back on the record at 5:33.

BY MR. CRAWFORD:

Q. Good afternoon, I think we're still there.

A. Good evening.

Q. Yeah, good evening maybe. Mark Crawford for the plaintiffs as well, the MDL plaintiffs. I just have a few topics, not nearly as long as Mr. Cartmell. I did want to follow up with your discussion of Cardinal Health with regard to the Cephalon program.

Was Cardinal Health one of Cephalon's customers for its Actiq and Fentora products?

A. Their distribution, yes, they would have been a customer.

Q. And did -- and they were a distributor of Actiq and Fentora, correct?

A. Yes.

Q. And did Cephalon have any other customers that it shipped Actiq and Fentora to?
A. Yes.
Q. And were they any of the other big three, McKesson or AmerisourceBergen?
A. I'm sure it was.
Q. So you did mention that there was a secondary review conducted by Cardinal Health of suspicious orders, right?
A. Yes.
Q. And so what happened when, say, McKesson ordered Actiq or Fentora product; would you run those orders through Cardinal Health's suspicious order program first?
A. The first review is done on site by the logistics and distribution team. They reviewed everything that came in manually and then forwarded any orders to the Cardinal distribution center.
Q. So if McKesson ordered product from Cephalon, it would first go -- the order would go to Cardinal Health first to run through their analytics and then -- for suspicious orders and then it would be shipped to McKesson?

A. It went through Cephalon first, the manual system, and then to Cardinal system as a secondary.
Q. Okay. And then if it cleared the Cardinal system, was it then shipped to McKesson?
A. If they ordered it, yes.
Q. Okay. So regardless of who you sold the product to, you always had Cardinal Health run their analytics on it, correct?
A. That's my understanding.
Q. And so the analytics when Cardinal was the customer, it would have to run the analytics of its own customers through its program, right?
A. Yeah, I just want to be clear that Cardinal had a lot of different types of business that I assume were separated. When we used a third party logistics, it may have been separate from the actual distributor that distributed to customers. I don't know if it was the same way. It was a contracted warehouse, and I don't know if they shipped their own products out of there or if it was

just strictly contracted services. I don't know what other business ran through that building.
Q. So it may have been a Cardinal affiliate then or something?
A. It was a Cardinal company. It was called Cardinal Health, but Cardinal had different business segments. Like, I worked for Cardinal Health in Somerset, New Jersey, and all they did was contract work from other companies. So we manufactured clinical trial material, it wasn't our product, somebody asked us to make it for them. And then you had the Cardinal Health that was the major distributor of drugs, and that was a complete separate facility.
So Cardinal had different business segments that did different things. Now I don't know if Cardinal that distributed our product is the same as the big Cardinal distributor that would distribute Actiq and Fentora to customers. I don't know if it was a contract facility is what I'm saying.
Q. And did you at one point work for Cardinal Health?
A. I worked for Cardinal, yes.

Q. And what years was that? Was it prior to joining Cephalon?
A. 2002 to 2004 I worked for Cardinal Health.
Q. Was your relationship with Cardinal Health as far as the suspicious order monitoring related at all to your employment there? In other words, did you make any kind of decision to have them conduct the review?
A. Could you rephrase that. I'm sorry.
Q. Yeah. So you had a prior relationship with Cardinal being that you were employed there. I'm wondering if there was any relationship between them having to do this kind of additional review and your employment there, did you send the business to Cardinal, or was it already in place?
A. No, it was already being done when I started with Cephalon.
Q. That's exactly what I was asking.
A. Okay.
Q. Thank you.
So you're aware that Cardinal

Health had paid a fine of $34 million related to its suspicious order monitoring in 2008, correct?

A. I know that they paid a fine.

Q. And how about in 2017, they paid another fine as well, correct?

A. Yes.

Q. And that was $44 million, is that about right?

A. I don't know how much it was.

Q. And that was as a result of a settlement they had reached with the federal government in 2012 with regard to its suspicious order monitoring program, correct?

MS. ROLLINS: Objection, form.

MR. ANDRISANI: Objection.

THE WITNESS: I don't know what the terms of the settlement were. I mean, I know vaguely that they were fined and that there was a problem.

BY MR. CRAWFORD:

Q. Were you aware at the time that you were at Cephalon that they were being investigated by the federal government in any

way or the DEA with regard to its suspicious order monitoring program?

A. I don't recall.

Q. All right. So I'm going to -- how many customers when you were at Cephalon, let's start with the 2010 period when we had the org chart, how many customers did Cephalon have at that time?

A. I don't know exactly how many customers they had.

Q. How about generally?

A. When you say "customers," are you talking shipped to locations, you know, just ABC, Cardinal as one, no matter how many ship tos? I don't know.

Q. That's a good question. The customers, ones that actually bought the product and paid for it, how many would you say, kind of an approximate amount?

A. The number that sticks in my head, from a conversation I had with Randy Bradway was that we had somewhere around 20 to 25 customers.

Q. And were they -- they were the

big three national wholesale distributors, right?

A. They would have been included.

Q. And did it also include retail pharmacy chains, your customers?

A. It was my understanding at the time that we did not ship directly to pharmacies, only to distributors.

Q. Of the other customers besides the big three, what were the -- generally, what types of customers were they? Were they hospitals, formularies?

A. I honestly don't remember. It was my -- my recollection that we only shipped to distributors, wholesalers.

Q. And were they similar but smaller types of wholesalers than the big three?

A. Again, I don't recall exactly who those customers were.

Q. Right, but about 25 you had?

A. That's the number that sticks in my head.

Q. And was it Randy Bradstreet?

A. Bradway.

Q. Bradway, and give me his -- if you could please reference what was his position again at Cephalon?

A. He was in charge of logistics and distribution. I don't recall his exact title.

Q. And he didn't report to you, did he?

A. No.

Q. All right. Under the Cephalon program, how would -- how would you know or find orders that were pended at that time in 2010, when you were in the suspicious order monitoring position?

MR. ANDRISANI: Objection, form, vague.

BY MR. CRAWFORD:

Q. Is there a computer program or was there a -- just a kind of a log book or how did it work?

A. It was a manual process.

Q. So does that mean there was a written log book that would come in, or what does that mean?

A. I don't know.

Q. And the manual process -- so you had 25 customers, about how many orders would come in a month?
A. I don't know.
Q. And what was the manual process you had in place at Cephalon for reviewing the orders for suspicious order activity?
A. I do not recall exactly what they did to review those orders.
Q. But it was a manual process, right?
A. Yes.
Q. And you were at that time in charge of the suspicious order monitoring in 2010 at Cephalon, right?
A. Yes.
MR. ANDRISANI: Objection, asked -- come on, it's 6:00.
MR. CRAWFORD: I know, but you didn't know -- I know, we've got time, though.
MR. ANDRISANI: We've done it all day.
BY MR. CRAWFORD:

Q. But you don't know as being in charge of it what the process was to manually review those orders?
MR. ANDRISANI: Objection, asked and answered.
THE WITNESS: I do not recall.
BY MR. CRAWFORD:
Q. Did Cephalon have a process whereby they had pended orders that weren't deemed suspicious, but they were just pended or separated out for further investigation?
A. I don't know.
Q. Was there any documentation at the time that you're aware of in 2010 when you were in charge of this program of orders that were -- that were reviewed or pended?
MR. ANDRISANI: Objection, asked and answered.
THE WITNESS: I'm sorry. Could you repeat the question.
BY MR. CRAWFORD:
Q. Yeah, I'm just trying to find -- because, looking back, if we were going to ask for documentation of the review or the orders

that were pended or anything, you know, how was that documented at Cephalon, this manual review? I think that's really what my question is.
A. Yeah, I don't know because I wasn't actually doing the review.
Q. And who was?
A. It would have been logistics and -- somebody in logistics and distribution.
Q. Mr. Bradway?
A. He was in charge of the group.
Q. Okay. But you were in charge of suspicious order monitoring, right?
MR. ANDRISANI: Objection. The whole thing.
MR. CRAWFORD: It's a disconnect.
MR. ANDRISANI: All day she's been saying she's in charge.
BY MR. CRAWFORD:
Q. Okay. I'm just trying to understand. It sounded like logistics was the one doing the suspicious order monitoring at Cephalon, right?
A. They reviewed the orders.
Q. Right, and you weren't involved

in that at all, correct, in your department?
A. I would only get involved if they found something that was suspicious.
Q. Okay. And then logistics would come to you when they found something suspicious, right?
A. Yes.
Q. And how often did that happen in 2010 and before you left?
A. I can't recall it happening.
Q. Are you aware if there were any suspicious order monitoring investigations when you were in -- at Cephalon, you know, investigation of a particular customer order?
A. I do not recall any investigations.
Q. Thank you.
I would like to mark the first exhibit, I think we're up to 24, that I'm going to do here.
(Document marked for identification as McGinn Deposition Exhibit No. 24.)
BY MR. CRAWFORD:

Q. This is Exhibit 24. So what we've marked here, again, starting at the first e-mail is an October 16, 2017 e-mail from you to Jeffrey Zerillo. The subject is 60 Minutes.

Who is Jeffrey Zerillo at the time? Was he with your company?

A. Yes, he was my supervisor.

Q. And what was his position?

A. He's vice president, supply chain management - America's region.

Q. Is he your immediate person above you?

A. He was my immediate supervisor.

Q. And is he there right now with Teva?

A. No.

Q. And has he left the company?

A. Yes.

Q. Okay. And do you know when he left?

A. Recently, I would say it was around the April 2018 time period.

Q. And he came from Purdue, correct?

A. He was part of the Actavis

acquisition. He came with Actavis.

Q. Okay. But, originally, before joining Actavis, he was with Purdue?

A. I believe so.

Q. Okay. And you write here regarding 60 Minutes -- do you recall watching a 60 Minutes segment on opioids?

A. I do.

Q. Okay. And can you briefly describe for me what the segment was that you saw on 60 Minutes?

A. It was -- if I remember correctly, it was a interview with Joe Rannizzisi talking about suspicious orders or the opioid epidemic in general.

Q. And we heard about Mr. Rannizzisi earlier. He had written those letters back in 2006 and '07, correct?

A. Yes.

Q. And you had those letters back around that time frame, right?

A. Yes.

Q. And you write here to Mr. Zerillo, "Did you see this last night? My

first thought was that Joe Rannizzisi has lost his mind and the second was that it was a very one-sided story."

Is that correct?

A. That is correct.

Q. And why was it one-sided?

A. It only presented information from -- about pharmaceutical industry and not the part that doctors played in the whole opioid epidemic.

Q. And what was the part about the -- you said the pharmaceutical industry. What was the part about the pharmaceutical industry that he was discussing on 60 Minutes?

A. My recollection is that he blamed the entire opioid epidemic on pharmaceutical companies.

Q. And what did he say they did wrong?

MR. ANDRISANI: Objection.

BY MR. CRAWFORD:

Q. If you recall.

A. I don't remember exactly what he said.

Q. And you say he has lost his mind. What does that mean he has lost his mind?

A. I don't remember why I said that. I just thought it was a very one-sided view and that he basically blamed everything on the pharmaceutical industry.

Q. Okay. And then Mr. Zerillo responds back, "LOL," is that lots of laughing, is that what that stands for?

A. You'd have to ask him, but I assume so.

Q. And it says, "Joe just made a lot of friends?"

Right?

A. Yes.

Q. And you respond to him, "Right? I guess he's not interested in working for industry."

Correct?

A. Yes.

Q. What do you mean he's not interested in working for industry?

A. That he would not be able to work for a pharmaceutical company.

Q. But he works for the DEA. Why would he work --
A. He wasn't --
Q. -- for a pharmaceutical company?
A. He wasn't working for DEA at the time of this interview.
Q. Is it your experience that a lot of people who leave the DEA go work in the industry?
MR. ANDRISANI: Objection.
THE WITNESS: Some do.
MR. CRAWFORD: Next we'll go to Exhibit 25.
(Document marked for identification as McGinn Deposition Exhibit No. 25.)
MS. ROLLINS: Counsel, I think your exhibit numbers -- i think there might have been two 23s and two 24s?
MR. CRAWFORD: I think we're sequential, okay. Yeah, they're great. Thank you, though.
MS. HUDNALL: 21 and 22 were out of order.

MR. CRAWFORD: Thank you.
BY MR. CRAWFORD:
Q. You testified earlier a little bit about industry groups including ADIWG, is that a group that at one point Teva belonged to?
A. It was a group that Actavis belonged to, and Tom was informing me and making an introduction about the group, and I attended a couple of phone calls with that group.
Q. And did Teva ever join that group?
A. I don't know if there was any joining. We attended some of the discussions that they had.
Q. And what was the purpose of the group?
A. I don't recall. I mean, it was a working group to discuss DEA issues.
Q. And let's go again to the bottom of the e-mail. It's from Tom Napoli to you dated February 8th, 2016. Subject is Anti-Diversity Industry Working Group. That's the ADIWG, correct?
A. It's anti-diversion, not

diversity, industry group. I don't want you to think that I'm against diversity.
Q. No, that's fine. Thank you for correcting me there.
Okay. So he's with Actavis. At this point, is Actavis part of Teva?
A. I believe that the acquisition was not completed until August 2016.
Q. But it was in the process at this point in time?
A. We were in the process.
Q. And Actavis -- Teva had purchased the Actavis generic opioid or just generic pharmaceutical business, correct?
A. We purchased the Actavis generic business, yes.
Q. Right, and that was for about $40 billion, correct?
MR. ANDRISANI: Objection.
THE WITNESS: Somewhere around there.
BY MR. CRAWFORD:
Q. And he mentions here, the second sentence, "The working group is comprised of the

major pharma companies/distributors that play a significant role in the manufacture and distribution of opioid products, the group, which Don coordinates" -- who is Don?
A. He references Don Lohman from Mallinckrodt in the sentence above.
Q. Right, and Mallinckrodt was the company that you'd gone to when you were investigating suspicious order monitoring programs, right, when you were -- back in 2012, right?
A. That I had gone to?
Q. You had interviewed them and talked to them about their program?
A. I don't know that I interviewed them.
Q. But you talked to them?
A. I had talked to them.
Q. And was Don one of the people that you talked to there?
A. I knew who Don was. I don't think I talked to him directly. I may have talked to other people that worked for him.
Q. And it has organizations such as

Mallinckrodt, Qualitest, Cardinal, McKesson, ABC and, of course, Allergan/Actavis. Those are all manufacturers and distributors, the major distributors of opioid products, correct?

MR. ANDRISANI: Objection, form, lacks foundation.

THE WITNESS: They're manufacturers and distributors of controlled substances, yes.

BY MR. CRAWFORD:

Q. Right. But also opioid products, correct?

A. Opioids would be included.

Q. And Mallinckrodt, Qualitest and Allergan/Actavis are the manufacturer members of this group, right?

A. Yes.

Q. And McKesson, Cardinal and ABC, they're the big three distributors, right?

A. Yes.

Q. All right. So down at the bottom he writes, when Don reached out, I advised him that in addition to myself, it may be a good idea to have you on the call as we are

transitioning over -- next page -- soon. There has not been a date established for the call as of yet, but if you would like I can have Don add you to the distribution.

So do you recall getting this e-mail and being invited to join this call?

A. Yes.

Q. And he also asks, "Jeff told me" -- this is the last paragraph -- "that the intent was not to initially integrate the legacy Actavis SAP and Teva Oracle systems, but run side by side. I was wondering if it made sense and would be feasible to carve out the CS SKUs from the Actavis platform and migrate to the Teva system as a means to have these products flow through your automated SOM program on day 1. Just a thought."

So he's talking about the upcoming anticipated integration of the two SOM programs of Actavis and Teva, right?

A. Yes.

Q. And were those two systems eventually integrated?

A. The Actavis orders were

eventually migrated into Teva system.

Q. And currently Teva uses its system that was put in place by Mr. Tomkiewicz to monitor the orders of the combined company's activities, right?

A. Yes.

Q. Was there anything adopted from the Actavis system into the procedures for the Teva system?

A. I don't know. I don't recall anything. Joe would have been responsible for that.

Q. And, currently, the Actavis -- tell me what the Teva Oracle system is. What does it do?

A. It's a ERKDS(ph.) system, it's an enterprise system to manage inventory, among other things.

Q. And does that system help in monitoring suspicious orders in any way or contain data about that?

A. No, it does not help -- I mean, it feeds into DefOps, but it's really just an inventory management system.

Q. So it's DefOps, which is the internally derived system, draws from the Oracle system that the orders have come in?

A. I don't -- I can't say for sure if it comes from the Oracle system, the BI system or there's a WM system that the distributor runs off of.

Q. So what was Actavis' system when they joined? Did they -- I mean, how did they monitor suspicious orders? Are you aware of their system?

A. I don't know specifics. Joe would have handled the review of their SOM procedures and specifics.

Q. Is there anyone from the Actavis suspicious order monitoring -- the department or whatever department did it, that now currently works at Teva?

A. No.

Q. And who was the -- who was in -- who was your -- was there kind of a counterpart to you with Actavis when they joined?

A. Tom Napoli would have been the counterpart, my contact during the integration.

Q. And what was -- how about Mr. Zerillo, was he -- did he report to Tom Napoli?
A. Tom reported to Jeff Zerillo.
Q. Okay, all right. All right. So let's go back to the e-mail chain. You respond on February 8th, 2016, Hi Tom, I'm definitely -- "I'd definitely be interested in hearing about this working group Don is putting together." And then you say, I sat in on a multi-disciplinary discussion the order to cash system.
What is the order to cash system?
A. It's the whole -- it's the segment of the ERP system that was included, everything from taking an order from a customer to invoicing.
Q. So there's no real cash exchanged, it's just simply an electronic financial transaction?
A. I would assume so. It's just what they call a business segment of the Oracle system is order to cash.
Q. Thank you. And then he responds

up above, "Thanks Colleen. I will forward your info on to Don. We have seen part of the working group for a couple -- we have been part of the working group for a couple of years and under the previous DEA leadership, it was very challenging for us to engage in any meaningful dialogue with them. Now that there has been a leadership turnover, we may have reasonable -- may have reason to be a little more optimistic. One of our major accomplishments as a group was to collaborate on the production of a pharmacy "Red Flags" video which was provided free of charge to state boards of pharmacies.
So he's optimistic here about a DEA leadership change.
Were you optimistic as well?
A. I don't know what leadership he's talking about, if he's talking about Jeff or coming under Teva. I'm not sure what he was referring to here.
Q. Was there a change in -- at the DEA in leadership at the time?
A. Oh, yes, yes.
Q. And were you optimistic about

that change as well?
A. I was hoping that there would be a little more communication.
Q. And what do you mean by "more communication"?
A. So when Joe Rannizzisi left, his policy was basically not to communicate with industry, and the new acting administrator had reached out at a couple of conferences and said that he wanted to build bridges with pharmaceutical industry and was looking forward to working together to solve the opioid crisis.
Q. So he was friendlier to industry then, correct?
A. He communicate -- he's told us that he would be more willing to communicate with industry.
Q. Now, DEA is charged with regulating the industry, right?
MR. ANDRISANI: Objection, form.
THE WITNESS: Yes.
BY MR. CRAWFORD:
Q. Right. And part of the regulation is to punish -- one, to investigate

and if they find a violation of DEA regulations to punish the company, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: Would be to serve some kind of regulatory administrative action, yes.
BY MR. CRAWFORD:
Q. Right. And one of the actions it could take for a violation of the Controlled Substances Act is to revoke the company's registration to sell those products, correct?
MR. ANDRISANI: Objection, form.
THE WITNESS: That's one action, yes.
BY MR. CRAWFORD:
Q. And that's pretty severe and serious, right?
A. It is very serious.
Q. So it's -- would you agree that it's important for the DEA to have some kind of separation from it, from the industry that it regulates?
MR. ANDRISANI: Objection, form.
THE WITNESS: I would disagree in

that I don't think that the DEA can solve the opioid crisis alone without help from industry, from doctors and from every piece of the supply chain. I think that they need to have help.

BY MR. CRAWFORD:

Q. Did they need help back before there was an epidemic to ensure that there wouldn't be an epidemic? Did they need help from industry?

MR. ANDRISANI: Objection, form.

THE WITNESS: DEA had conducted several industry group meetings to partner with industry to figure out best practices. For example, the CCOs program was built with the help of pharmaceutical industry.

BY MR. CARTMELL:

Q. And what -- when was that done?

A. I don't remember what year it was.

Q. Was it recently?

A. No, it was years ago, 10 plus years ago before Rannizzisi.

Q. Right. But Rannizzisi when he came in or when he was at the DEA in 2006 and 2007 wrote those letters indicating that the industry -- he needed help from the industry, the DEA did, correct?

MR. ANDRISANI: Objection, asked and answered.

THE WITNESS: I'd have to go back and look, but I'll take your word for it.

MR. CRAWFORD: Okay. Go to the next exhibit, 26.

(Document marked for identification as McGinn Deposition Exhibit No. 26.)

BY MR. CRAWFORD:

Q. Now, we marked Exhibit 26 here, and I'll just briefly characterize it. It is an e-mail chain starting from an e-mail from Mr. Donald Lohman, Donald.Lohman@mallinckrodt.com to a number of people, including you, correct?

A. Yes.

Q. And it's dated February 11th,

2016, right?

A. Yes.

Q. And he's attached a draft letter, please provide comments to Bob and me by close of business 2016. Thanks.

Do you see that?

A. Yes.

Q. So he is forwarding you -- this is in follow-up to the earlier e-mail that we just looked at in Exhibit 25, right?

A. Yes.

Q. And he's forwarding to you a copy of a draft letter for potential comment if you wanted, correct?

A. Yes.

Q. And do you recall receiving this e-mail?

A. I recall communication, yes. I don't know if I recall this specific one. I'd have to look at it.

Q. All right. And if you look at the draft, it's in red line format. The next page on the fourth line down, they have added as a red line change in addition Teva

Pharmaceuticals has recently joined the ADIWG.

Do you see that?

A. I do.

Q. So Teva has joined, in fact, the ADIWG, correct?

A. We had joint meetings with the ADIWG at that point.

Q. But did you join the ADIWG, as it's reflected here?

MR. ANDRISANI: Objection.

THE WITNESS: I don't know exactly what join means. There's no fee that we paid to join. We just started calling in to their meetings.

BY MR. CRAWFORD:

Q. All right. And your -- and the next page at the last line you were added as a CC, correct?

A. Yes.

Q. Okay. And it lists you as director, DEA compliance, Teva Pharmaceuticals, correct?

A. Yes.

Q. All right. So you had a chance

to make revisions.

Do you know if you revised any of these additions about Teva and yourself on there?

A. I don't recall.

MR. CRAWFORD: Let's go to the next Exhibit, 27.

(Document marked for identification as McGinn Deposition Exhibit No. 27.)

BY MR. CRAWFORD:

Q. And what I marked here as Exhibit 27 is a February 18th, 2016 e-mail. It's from Robert Giacalone to -- I see your name here, Colleen McGinn, down there.

Do you see that?

MR. ANDRISANI: It's also to another group of people too.

MR. CRAWFORD: Correct, yep, thank you.

BY MR. CRAWFORD:

Q. So it's to a group of people, including yourself, correct?

A. Yes.

Q. And this apparently is the attached final letter that was written, right?

A. Apparently.

Q. Okay. And the letter is dated February 18th, 2016, correct? This is the next page.

A. Yeah, I'm going to assume the date on the second page is wrong at the top of the page. It says 2015 after that but --

Q. Where does it say 2015?

A. At the top of the second and third page says February 18th, 2015. I have to assume it was 2016 and that that was a typo.

Q. Yes, it looks like that was a typo, okay.

But at the top of the second page, it says February 18th, 2016, right?

A. Yes.

Q. All right. So it's written to Mr. Louis J. Milione, deputy assistant administrator, Office of Diversion Control with the U.S. Drug Enforcement Administration.

Do you see that?

A. Yes.

Q. So this is Cardinal Health, were they kind of taking the lead on communicating the ADIWG's views here?

A. It looks like it.

Q. Okay. So Cardinal -- Cardinal is writing here, the first paragraph it says, "I am writing to you on behalf of the Anti-Diversion Industry Working Group (ADIWG). The ADIWG is a group of leading pharmaceutical manufacturers and distributors comprised of Mallinckrodt Pharmaceuticals, Cardinal Health, AmerisourceBergen, McKesson Corporation, Actavis/Allergan and Par Pharmaceutical (formerly Qualitest). In addition, Teva Pharmaceuticals has recently joined the ADIWG."

So this went out indicating that Teva had joined the ADIWG, correct?

A. Yes.

Q. So this was a letter written on behalf of the ADIWG by Robert Giacalone, right?

A. Yes.

Q. I don't think I'm saying his name right, Giacalone?

A. It's close enough. I'm not even

sure how to pronounce it myself.

Q. All right, okay. Fair enough there.

Now, Cardinal Health at the time -- you're aware that in 2017, Cardinal Health had actually paid a fine for -- with regard to its suspicious order monitoring program in 2017, correct?

MR. ANDRISANI: Objection.

MS. MARIOTTI: Objection.

THE WITNESS: I knew that Cardinal was fined. I don't recall exactly what year.

BY MR. CRAWFORD:

Q. But it was after this letter, right?

MR. ANDRISANI: Objection.

MS. MARIOTTI: Objection.

THE WITNESS: I don't know.

BY MR. CRAWFORD:

Q. And was it in the range of $44 million?

MR. ANDRISANI: Objection.

MS. MARIOTTI: Objection.

THE WITNESS: I don't know.
BY MR. CRAWFORD:
Q. All right. So Mr. Giacalone of Cardinal Health writes in the second paragraph, "First, congratulations to you on your appointment as the new Deputy Assistant Administrator for the DEA's Office of Diversion Control."
Do you see that?
A. Yes.
Q. Okay. And then he says, "Second, we believe that many of the statements you provided in your January 27, 2016 testimony before the Judiciary Committee (and elsewhere) reflect the same views and philosophy of ADIWG."
Do you see that?
A. Yes.
Q. So do you believe at the time, you personally believe at the time that Mr. Milione had the same views and philosophy as this group?
A. I had only been aware of this group for ten days before this letter went out. I can't say that I know all the views of the

group at the time.
Q. Okay. But did Mr. Milione's views, were they the same views and philosophy that Teva had?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: I'm not familiar with the testimony that they're referring to.
BY MR. CRAWFORD:
Q. But you got a draft of this letter and you -- and Teva was added to the letter before it went out, right?
MR. ANDRISANI: Objection, asked and answered. You've established that.
THE WITNESS: Teva was added to the letter.
BY MR. CRAWFORD:
Q. And you had gotten a draft beforehand, right?
MR. ANDRISANI: Objection, asked and answered.
THE WITNESS: I received a draft beforehand.

BY MR. CRAWFORD:
Q. Okay. And then look at the end of the second page, he writes, "However, we truly believe that working together with DEA to help fight these problems can make a significant, positive impact. To that end, we write to extend an invitation to you and any members of your staff to meet in-person with the ADIWG to discuss how we can use our collaborative efforts to discuss prescription drug diversion and abuse. In addition, we look forward to discussing any other topics related to diversion control of interest to you. Of course, all ADIWG attendees agree not to discuss any issues, investigations or matters pending before the Agency."
So are you aware whether Mr. Milione had met with any members of the ADIWG group as a result of this invitation?
A. No, he did not.
MR. CRAWFORD: And -- all right. Let's go to Exhibit 28, please. Mark that here.
(Document marked for

identification as McGinn Deposition Exhibit No. 28.)
BY MR. CRAWFORD:
Q. Now, we're moving forward here to May 26, 2016, and this is Mr. Napoli writing to you about yesterday's call.
At this point Mr. Napoli, he's at Actavis, but Actavis is at this point -- I guess now the merger hasn't quite happened yet in May, right?
A. Correct.
Q. Okay. And he writes to you, "Good morning, I hope that the other distributor members on the call will reel in ABC regarding their suggestion to ask DEA the 'hard questions'."
Does this refresh your recollection about what call he's referring to?
A. We had several calls with this group. I don't know what specific call -- I can't remember the details of this call, particularly.
Q. And is this a call with the ADIWG group?

A. I would assume that it was.
Q. All right. And -- but you don't recall the specifics of the call?
MR. ANDRISANI: Objection, asked and answered.
THE WITNESS: No, I don't.
BY MR. CRAWFORD:
Q. You write back here "That Bob guy was a little out of control yesterday with his 'I'll pick up the damn phone and cancel the meeting' comment. I have a feeling that this is going to get a little crazy but we'll see. I have no problem backing out if necessary."
So what -- who is Bob from ABC?
A. I don't remember his last name.
Q. And what meeting was he referring to?
A. Who was referring to?
Q. The Bob guy and I'll pick up the damn phone and cancel the meeting.
A. I don't remember, to be honest with you. I remember some of these calls being very unorganized.
Q. And these are the ADIWG calls?

A. Yes.
Q. And you say you have no problem backing out, meaning withdrawing Teva from the membership, right?
A. Yes.
Q. So -- so what was he crazy about?
A. What I remember is that nobody on this group could agree to the content of the meeting with Lou Milione. They -- there was a lot of disagreement between the members of this group about what they wanted this meeting's purpose to be, and everybody had a different idea, and nobody could agree on the content.
Q. So Mr. Milione at this point had agreed to meet with the group, right?
A. I think that he had agreed to meet with the group.
Q. And was this -- was there any prior meeting at all, or was this his first meeting, if you recall, with the group?
A. To my knowledge, there was no previous meeting with the group. They had requested a meeting and he had accepted.
Q. All right. So this meeting was

coming up. Do you know did that meeting actually occur?
A. No.
Q. And did anyone cancel the meeting? Who canceled the meeting?
A. The meeting was canceled, but I do not recall who canceled it.
Q. Was it canceled by the ADIWG side or by the DEA side?
A. I don't recall.
Q. And this call presumably was a discussion about what to -- what to discuss in the meeting, right?
A. Yes.
Q. And then Mr. Napoli writes, "I agree about walking away if there is a sense that someone will go off the grid."
Do you know what he's referring to as going off the grid?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know what he meant. I can guess.
BY MR. CRAWFORD:
Q. I don't want you to guess, but if

you have an inkling of it or might have some knowledge.
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know. You'd have to ask Tom.
BY MR. CRAWFORD:
Q. So you respond, "This was my concern all along. When Don was going on in the beginning about getting in there for a meeting, I told him that there was a chance that DEA would ask us for things we couldn't provide. The SOM discussion is a clear example."
So what was it about what the DEA could ask in the meeting about SOM that you couldn't provide that was in your mind at the time?
A. Yeah, I can't remember specifically. I just remember that there was definite opinions about what the distributors -- the wholesalers thought an SOM program should look like and things that the manufacturers thought that the SOM could look like, and the two groups could not agree on a -- what a real SOM system should look like or consist of.

Q. So you write, moving on, you said, "It's not consistent with a group mentality."

Was it your feeling that the group should be unified in their approach to this meeting?

A. I thought that we should take a consistent approach.

Q. And you write, "I'm skeptical that we can get this together in two months."

So the meeting must have been in two months, right, or scheduled for that, at least?

A. I don't know if we're talking about -- there was a plan at some point for the members of the ADIWG to get together face to face before a meeting with DEA, and I don't know if he's -- if I'm referencing the meeting with ADIWG or DEA, but I believe that there was a meeting scheduled with DEA at this point.

Q. Right, and I skipped a sentence. You said, "We shouldn't be talking about distributors need this and manufacturers need that."

Is that correct?

A. Yes.

Q. And that was what you were referring to is that there was discussion about having two different approaches for each, right?

A. Each group thought that they needed something different and couldn't agree.

Q. And you thought that they should have a consistent, unified position?

MR. ANDRISANI: Objection, asked and answered.

THE WITNESS: I thought that we needed a consistent approach.

MR. CRAWFORD: Next exhibit will be 29.

(Document marked for identification as McGinn Deposition Exhibit No. 29.)

BY MR. CRAWFORD:

Q. This is an e-mail chain, the top e-mail on the first page is August 9, 2011 from Jack Crowley to a number of individuals, including yourself at Cephalon.

Was this before you had --

Cephalon had become part of Teva?

A. Yes. My recollection is that Teva acquired Cephalon in October 2011.

Q. And the subject is "Quota - Administrative Reviews," correct?

A. Yes.

Q. And who is Jack Crowley?

A. Jack Crowley was the DEA compliance person at Purdue.

Q. All right. So he is writing to you, "Latest thinking while the paper is being reviewed as we speak. There will be no author/sponsor," and that's in bold and underlined.

He says, the paper will be made available to every company to provide to their key stakeholders and federal government affairs colleagues, etc. for their lobbying efforts.

The goal is to get it out tomorrow to my VP, federal government affairs - and to each of you - as well as the wider NJ group. Hopefully, I'll have a review by close of business today.

The paper will also be made

available to other groups and audiences besides manufacturers - like the Pain Care Forum which has its monthly meeting in Washington this Thursday. The meeting will be held at Purdue in the District. It's usually a two-hour meeting with lunch provided - and attendees from the following join in (sort of like NJPIG - not everyone participates at the meeting).

So this e-mail is basically being circulated amongst the NJ -- I don't want to say NJPIG because it's kind of a weird acronym, but NJPIG, right?

A. Yes.

Q. All right. And that was a group that Teva was a member of?

A. Teva was a member of NJPIG at the direction of the DEA field office in Newark who got together the registrants in New Jersey and asked them to talk about DEA compliance issues.

Q. So who at the DEA field office asked this group to get together?

A. I believe it was Dennis Mihalopoulos that initially got it together. I wasn't a part of the initial discussion. I was

working at Cephalon, and we didn't have a New Jersey office, but when Teva acquired Cephalon, I became aware of this group, and what they told me was that the field office called in their registrants and asked them to get together to talk about DEA issues.

Q. Was there a letter or something or was there a phone call, or how did this start?

A. I'm not sure because I didn't get the initial communication, but I do know that the Buzzeo group was involved in initially facilitating the meeting with DEA.

Q. And did the DEA meet with this group?

A. Yes.

Q. How many times?

A. I don't know how many times, but every time we planned a meeting we invited DEA to attend.

Q. Okay. But was it more than once or more than five times?

A. I would say it was five times or more.

Q. And we're talking here about some kind of paper being prepared by the group, correct?

A. That's what it looks like.

Q. What is this paper about?

A. I don't -- I would have to -- is it attached here?

Q. I don't know. I don't think so, no.

A. I don't know what it was about.

Q. All right. And the Pain Care Forum, what is that organization?

A. I don't know.

Q. And was Teva a member or actually Cephalon a member of this Pain Care Forum?

A. I'm not sure.

Q. Go to second page, about a little over halfway down, you see on the left Cephalon listed there. Does that -- it says, "Participating Organizations of the Pain Care Forum" on the first page, and then below it Cephalon is listed, correct?

A. Yes, I see that.

Q. Would you disagree that Cephalon

was a member of the Pain Care Forum at this time?

MR. ANDRISANI: Objection, asked and answered. She didn't know.

MR. CRAWFORD: Right, but I've now shown her where it is, and maybe it refreshed her recollection, right.

THE WITNESS: According to this document, they were.

BY MR. CRAWFORD:

Q. Okay. And the Pain Care Forum, have you ever heard of the Pain Care Forum?

A. I don't remember the Pain Care Forum, I don't recall.

Q. It appears to be a mixture of pharmaceutical industry members and pain advocacy groups, correct?

MR. ANDRISANI: Objection, form.

THE WITNESS: It looks like manufacturers, different associations and groups related to pain management.

BY MR. CRAWFORD:

Q. Have you ever heard of any of these pain management groups?

A. Yes.

Q. Which ones have you heard of, just a couple?

A. The groups on the list?

Q. Yeah.

A. Abbott Laboratories --

Q. No, the pain groups, not the pharmaceutical in -- not the pharmaceutical companies.

A. Oh. The HDMA I had heard of, Healthcare Distribution Management Association. Partnership for a Drug Free America, I've heard of. RADARS system I've heard of. Those are the ones that sound familiar.

Q. All right, thank you. If you could go to the second to last page. This is kind of the start of the e-mail chain. Mr. Crowley is writing -- look at the page before that, does not look like you were on this e-mail, but I want to ask you a couple questions about this. He writes here, the second sentence there on the second to last page, page 848, he writes, "The stage has been set to utilize the quota process as an enforcement tool, without

regards to healthcare providers or patients."

Do you recall at this point in time that there was a possibility that the quota process could be used as an enforcement tool by the DEA?

MR. ANDRISANI: Objection, lacks foundation. Somebody else's statement that she didn't receive.

MR. CRAWFORD: Right, but I'm just asking if she remembers anything similar to what's being discussed here.

THE WITNESS: I don't recall exactly what was being discussed in terms of using quota as enforcement in 2011.

BY MR. CRAWFORD:

Q. Have you ever heard of quota being used as enforcement -- an enforcement tool by the DEA ever?

A. Up to today?

Q. Up till today.

A. Yes.

Q. And in what context have you heard about that?

MR. ANDRISANI: Objection.

THE WITNESS: DEA here, you know, Jeff Sessions talk about DEA using more tools for enforcement actions, and I know quota was mentioned as one, was a recommendation to use that.

BY MR. CRAWFORD:

Q. So that would have been in the past two years?

A. Yes.

Q. And can you tell me what quota is?

A. Yeah. A quota is something that DEA -- we apply for based on sales data. We apply for quota, DEA tells us how much we can procure for Schedule IIs in a given calendar year.

Q. So the way -- is it your understanding that quotas can be used as an enforcement tool in a way that if the DEA learns that there is some kind of deficiency or failure of a company's suspicious order monitoring system, that they could simply reduce the quota of opioids that that company can sell, is that

what your understanding of how it might be used as an enforcement tool against a pharmaceutical company?

MR. ANDRISANI: Objection, form, lacks foundation.

THE WITNESS: DEA has always had the ability to lower quota.

BY MR. CRAWFORD:

Q. And you were talking about Mr. Sessions and using potentially quota as an enforcement tool.

Is that one way that you understood that it could be used when he used it in that context?

MR. ANDRISANI: Objection, form, vague.

THE WITNESS: Yes.

MR. CRAWFORD: Go to Exhibit 30 here.

(Document marked for identification as McGinn Deposition Exhibit No. 30.)

BY MR. CRAWFORD:

Q. Okay. What we marked here is --

go to the first e-mail on the second page. We marked as Exhibit 30 an e-mail chain from you, Colleen McGinn, dated July 6, 2012 to Jack Crowley, subject "SOM."

Jack Crowley, again, was the head of the DEA compliance at Purdue at the time, correct?

A. Yes.

Q. All right. And you write, "Jack, are you in the office next week? We (as in Teva) have an opportunity to set up a meeting with John Partridge to discuss challenges that manufacturers (and maybe distributors) have with the SOM process."

Who is John Partridge?

A. John Partridge worked at headquarters, and I don't know what his exact title was, but he was an assistant to Joe Rannizzisi.

Q. All right. So you were actually getting an opportunity potentially to meet with one of Rannizzisi's assistants about SOM process, right?

A. It looks like it.

Q. And did that meeting take place?
A. Not that I recall, no.
Q. And do you know why the meeting fell through?
A. I don't.
Q. So back here on the first page, Mr. Crowley writes back to you on July 12, 2012, he writes to you, "Hello Colleen, in follow-up to our discussion, Chris could approach John by asking exactly what we talked about."
Skipping down a bit to the fourth paragraph he writes, we know that they are starting to hold these manufacturers accountable and will move to reduce their quota by the same percent as the diversion percent they can prove. Example - Pharmacy Z filled 400 prescriptions for controlled substances last week. 394 of the 400 were for oxycodone 30 milligrams IR; 393 were for cash. The NDC number indicated that the product used to fill those prescriptions came from manufacturer X. Bingo.
Is that your understanding of one way that the DEA can use quota as an enforcement tool through that example that he's providing?

MR. ANDRISANI: Objection, foundation, lacks foundation, form.
BY MR. CRAWFORD:
Q. I'm just asking for your understanding. Is that a way you can use it as an enforcement tool?
A. That was Jack's understanding.
Q. And did you ever have an understanding of that might be how an enforcement tool might work if the DEA chose to use quota as an enforcement tool?
A. I guess that was one way they could look at it.
MR. CRAWFORD: Let's mark Exhibit 31 here.
(Document marked for identification as McGinn Deposition Exhibit No. 31.)
BY MR. CRAWFORD:
Q. This is an e-mail from you to the NJPIG group regarding -- it's in February 27, 2013 regarding "NJPIG Meeting - Information on FDA Hydrocodone Hearing."
You write, "As promised, I'm

forwarding information from FDA hearing on the rescheduling of Hydrocodone to all meeting attendees. It was great seeing all of you yesterday. Thanks PF Labs for hosting (again)."
Very quickly, do you recall hosting this meeting for NJPIG around this time period?
MR. ANDRISANI: Objection, misstates the document.
THE WITNESS: I did not host. PF Labs hosted the meeting.
BY MR. CRAWFORD:
Q. I'm sorry, you're right.
So but do you recall -- do you recall this meeting at PF Labs?
A. I remember being at PF Labs for NJPIG meeting, yes.
Q. And was PF Labs is that associated with Purdue Pharmaceutical?
A. It is.
Q. And do you recall the subject FDA hearing on the rescheduling of Hydrocodone, this subject?
A. Do I recall the subject?

Q. Yeah.
A. I remember that there was a rescheduling action.
Q. Okay. And what was -- what would have been the concern or subject of the meeting with regard to that rescheduling action?
MR. ANDRISANI: Objection, form.
THE WITNESS: At the time -- this is an FDA hearing. There was discussion about rescheduling Hydrocodone to a Schedule II, Hydrocodone combo products.
BY MR. CRAWFORD:
Q. At what time and did that, in fact, happen; did it get scheduled to a Schedule II?
A. Yes.
Q. And so do you know if the DEA or any representative attended this particular meeting?
A. I do not recall.
Q. And do you see anyone on the to line from the DEA on this?
A. We would not have forwarded this information to DEA.

Q. And why is that?
A. They weren't a member of the group. They may have come to speak, but they were not a member of the NJPIG.
Q. And the members of the group, were they manufacturers and distributors of opioid products?
A. Yes.
MR. CRAWFORD: Next exhibit, 32.
(Documents marked for identification as McGinn Deposition Exhibit Nos. 32 and 33.)
THE WITNESS: Is it okay if I take a break, just a quick one, please?
MR. ANDRISANI: Absolutely.
THE VIDEOGRAPHER: Off the record, 6:35.
(Brief recess.)
THE VIDEOGRAPHER: We are back on the record at 6:43.
BY MR. CRAWFORD:
Q. I have limited time here. I have marked Exhibits 32 and 33, and I just have one question on 33. I want to go to that first.

This is an e-mail chain with the last e-mail -- or second to last e-mail from you to Jack Crowley and others, August 15, 2012, and take a look at this document, but the question I want to ask you here is you write, "Ron Buzzeo has been talking about this group a lot."
They're talking about the CCSM group that's forming. "Apparently people are using them to fight SOM issues."
And I'm just trying to find out what you meant by "fight SOM issues." If you could take a look at that and let me know what that means.
A. (Witness reviews document.)
I'm sorry. Can you repeat the question now that I've read it.
Q. Yeah, I just want to know what you meant. You say, "Apparently people are using them" -- this is the CCSM group that's forming -- "to fight SOM issues."
What do you mean by "fight SOM issues"?
A. By defending their companies against regulatory action by the DEA about SOM

issues.
Q. And the CCM -- CCSM apparently had hired two attorneys from the DEA to speak at this initial meeting they're having, right?
A. I don't know if they hired them or they volunteered. I don't know if they were paid to do it or if they started it. It's not clear to me where this came from.
Q. All right. And then briefly on Exhibit 32, this is another NJPIG meeting on November 10, 2016, and my only two questions here are, one, is this a meeting that Teva hosted at its facilities and you had coordinated this, and, two, if anyone from the DEA attended this meeting, according to this attendee list?
A. It looks like Teva hosted the meeting and that DEA was invited, according to Mike Meggiolaro. They were waiting to see if someone would come. I do know that DEA did attend one of the meetings that we hosted. I don't know if it's this particular one.
Q. All right. But the agenda is listed at top, and no DEA speaker is in the top five on the agenda, right?

A. They would not have included them on the agenda. Usually if DEA came to these meetings, it would be over lunch period, and then we would have the opportunity to talk to them, but it would not have been included on the agenda because we weren't sure if they were going to show up.
MR. CRAWFORD: That's all I have. Thank you.
THE VIDEOGRAPHER: Off the record, 6:47.
(Brief recess.)
THE VIDEOGRAPHER: Back on the record, 6:48.
MR. GASTEL: Good evening. Before I start asking you some questions, I'm going to lodge our general objection, which your counsel will understand.
My name is Ben Gastel. I'm representing the plaintiffs in the Tennessee lawsuit, Dunaway versus Purdue, and I want to state for the record that we object to the deposition

going forward on behalf of my clients due to Teva's continuous failures to meet its obligations set forth in the state and federal cooperation protocol as laid out in our previous deposition records and in our pending motion to quash. With all of that being said, I do have some questions for you.

BY MR. GASTEL:

Q. As I just stated, I'm representing a different group of plaintiffs than the ones that the previous questioners were asking you about throughout today, and my clients are all located in the state of Tennessee, so I'll begin by asking you, have you ever been to the state of Tennessee?

A. At some point in time, yes.

Q. Was that for work-related purposes?

A. Yes.

Q. Do you recall what that instance was?

A. I recall going to the Cardinal facility in La Vergne, Tennessee.

Q. Do you know approximately when that was?

A. No, it was -- I don't remember.

Q. And do you know if that was in your work with Teva or one of the other companies that you've worked for?

A. Cephalon.

Q. So it's fair to say that that visit was prior to Teva's acquisition of Cephalon?

A. Yes.

Q. But you don't remember the exact year?

A. No, I don't.

Q. Do you recall the nature of your visit to the Cardinal facility?

A. It would have been to evaluate Cardinal's controlled substance program.

Q. And do you remember the results of that evaluation?

A. I don't recall the exact results, no.

Q. Do you know if there was a written report from that evaluation?

A. There -- I'm sure there was.

Q. Do you know if you wrote such a report?

A. I probably did.

Q. Do you know if you would have handed it to somebody or given it to somebody?

A. The people at the Cardinal facility would have received a copy.

Q. And do you remember their names?

A. I do not.

Q. Apart from that visit to the Cardinal facility in La Vergne, do you ever recall going to the state of Tennessee for work-related reasons?

A. I don't recall.

Q. Throughout today we've been discussing a lot about the opioid diversion issues in America, and I think that you had previously characterized the opioid issues as an epidemic.

Do you remember that testimony?

A. Yes.

Q. And are you aware that the opioid diversion problem is particularly large or

particularly problematic in certain places in the country?

A. Yes.

Q. And one of those places is in Appalachia, right?

A. Yes.

Q. And have you ever heard of the Appalachian High-Intensity Drug Trafficking Area?

A. I know -- I don't know that I've ever heard it called that specifically, but I know what you're talking about.

Q. And not to insult your intelligence about American geography, but are you aware that east Tennessee falls in or lies adjacent to that Appalachian corridor?

A. Yes.

Q. And then prior to 2015, did Teva treat orders going into that area of the country any different than orders going elsewhere?

A. Prior to 2015 was your question. I couldn't say. I didn't process the orders.

Q. Was there a point in time when Teva would have started treating orders going to

that area of the country differently than orders going somewhere else?
A. I know that it's something that Joe Tomkiewicz would review or look at in his suspicious order monitoring program.
Q. And do you know when he started doing that?
A. No.
Q. In your mind, what is a suspicious order for prescription opioids?
A. A suspicious order for any controlled substance would be an order of unusual size, an order of unusual frequency or with an unusual pattern.
Q. And, in your mind, what is a diverted prescription opioid?
A. It's a product that lands outside of the intended destination.
Q. What are the sources of illegally diverted prescription opioids?
A. What are the sources?
Q. How can opioids be diverted?
A. They could be stolen from the facility or anywhere in the supply chain.

That's what I think of.
Q. Any other ways for prescription opioids to be delivered -- or diverted, in your mind?
A. Yeah, I mean, patients -- I mean, people could steal the drugs for a legitimate patient. They could take somebody else's drug.
Q. What do you mean by "legitimate patient"?
A. So you assume that a doctor writes a prescription for somebody who really needs the medication that we provide, and somebody would take it that wasn't prescribed the drug.
Q. Have you ever looked -- or strike that.
What is your understanding of opioid prescription rates in the state of Tennessee?
A. I don't know.
Q. What is your understanding of the prescription opioid crisis in the state of Tennessee?
A. I don't have specifics.

Q. Have you ever reviewed materials published by the Tennessee Department of Health on Tennessee's opioid crisis?
A. Not that I recall.
Q. Are you aware that as of 2013, 2014, the Tennessee Department of Health has estimated that there are 221,000 adults in Tennessee using prescription opioids for nonmedical purposes?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: I was not aware, no.
BY MR. GASTEL:
Q. In your mind, what are the reasons why a person might use a prescription opioid for nonmedical purposes?
A. The reason why, is that the question?
Q. Yes.
A. For the high, I guess.
Q. Are you aware that in 2015, according to IMS data, doctors in Tennessee wrote more than 7.8 million opioid prescriptions

in the state of Tennessee?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: No.
BY MR. GASTEL:
Q. Do you know if that -- would it surprise you that that correlates to 1.18 prescriptions for every man, woman and child in the state of Tennessee?
MR. ANDRISANI: Objection, form.
THE WITNESS: I was not aware.
BY MR. GASTEL:
Q. Would it surprise you if that were true?
A. Yes.
Q. Would you agree that it's wrong to participate in the illegal diversion of prescription opioids to consumers that intend to use those opioids for nonmedical purposes?
A. It would not be legal.
Q. In your mind, would that be wrong?
A. Yes.
Q. Would you agree that some

consumers of prescription opioids obtain those opioids for the express purpose of using them for nonmedical purposes?

A. I'm sorry. Can you repeat the question.

Q. Sure. Would you agree that some consumers of prescription opioids obtain those opioids for the express reason to use them for nonmedical purposes?

MR. ANDRISANI: Objection, form.

THE WITNESS: I've heard that, yes.

BY MR. GASTEL:

Q. We've talked a lot about Teva's special -- suspicious order monitoring program today, and apart from the SOM program, what else does Teva do to prevent the illegal diversion of its prescription opioid products?

A. We have procedures in place to ensure that the material is not diverted from our supply chain or that we detect it.

Q. And what you mean by that is you have controls at your -- at your individual manufacturing facilities?

A. We have physical security controls, and we have procedures for employees to follow.

Q. Anything else?

A. And the question was apart from the SOM?

Q. Yeah.

A. Besides physical security and written procedures, no.

Q. Is the purpose of Teva's suspicious order monitoring program to track potential orders of prescription opioids that may end up on the illegal drug market?

MR. ANDRISANI: Objection, form.

THE WITNESS: Ultimately, yes.

BY MR. GASTEL:

Q. I'm going to hand you a document that we will mark as McGinn-34.

(Document marked for identification as McGinn Deposition Exhibit No. 34.)

BY MR. GASTEL:

Q. This is an e-mail chain between you and Kevin Kreutzer from March of 2013.

Do you see that?

A. Yes.

Q. And attached to it is a PowerPoint presentation.

Do you see that?

A. Yes.

Q. And do you see going to the first e-mail in the chain, which is dated March 15th, 2013.

Do you see that?

A. Yes.

Q. It says, "Colleen, could you take a look at the PPT that Bob came up with."

A. Yes.

Q. And do you recall who Bob is?

A. It would be Bob Williamson from Buzzeo PDMA.

Q. And he then -- Mr. Kreutzer then asked you to make some comments on this PowerPoint presentation that Bob put together, right?

A. He wanted me to review it.

Q. Do you see that the purpose of this PowerPoint presentation is apparently, or

at least the title of it is Teva suspicious order monitoring training?

A. Yes.

Q. And was the intent to give this PowerPoint presentation at training for internal Teva employees?

A. It looks like it.

Q. And do you know if this presentation was ever given?

A. I do not recall.

Q. Do you see -- flip over to slide 5 of the PowerPoint presentation, and we're going to see a chart that at least today is probably somewhat familiar.

Do you see that?

A. Page 5?

Q. Yes.

A. Yes.

Q. This is similar to a chart that Mr. Cartmell showed you earlier, right?

A. Yes.

Q. And his chart I think went out a little bit farther than 2010, but it comes from the exact same National Vital Statistics System.

Do you see that reference?
A. Yes.
Q. And it shows the sales of prescription opioids increasing from 1999 to 2010, right?
A. Yes.
Q. And it shows prescription opioid deaths rising consistently with the sales figures.
Do you see that?
A. I see it.
Q. And then also the treatment admissions per 10,000 people also rises consistently with the sales data.
Do you see that?
A. Yes.
Q. And you were putting that in your -- or at least Teva was putting that in training materials for its SOM staff as early as 2013, right?
A. This is something that Bob Williamson put in the slides that we asked for.
Q. And then will you flip to the next slide, and it shows -- there's a figure

there that shows the "Past Month Nonmedical Use of Types of Psychotherapeutic Drugs among Persons Aged 12 or older: 2002-2011."
Do you see that?
A. Yes.
Q. And the top line is identified as pain relievers, right?
A. Yes.
Q. And that would include prescription opioids, right?
A. Yes.
Q. And it shows that on a per month basis from 2002 to 2011, the percentage of the United States population that are using prescription pain relievers for nonmedical purposes fluctuates between 1.7% and 2.1%.
Do you see that?
A. Yes.
Q. And then on the next figure they -- I think what has happened here is that they've converted that into actual number of people.
So will you flip to page 7. And do you see that it references that there are

6.1 million people use controlled pharmaceuticals for nonmedical uses in 2011?
Do you see that?
A. I see that.
Q. And then it says that the rates of current nonmedical uses of controlled substances declined to 2.8%. That's 2.8% of the American population, right?
A. I don't know what that's a 2.8% of.
Q. Well, again, if we go back to the previous slide, this is the ages of 12 or older from 2002 to 2011.
Do you see that?
A. Yes.
Q. And then if you go back to the seventh page, you see that there's kind of like a party going on at the bottom.
Do you see that?
A. I see it.
Q. Do you know why people are celebrating the fact that 6.1 million people use controlled pharmaceuticals for nonmedical uses in 2011?

MR. ANDRISANI: Objection, form, argumentative.
THE WITNESS: We did not create this PowerPoint. It came from Bob Williamson.
BY MR. GASTEL:
Q. But it was created with the intend to train your SOM staff?
A. I asked him for a PowerPoint, Bob Williamson.
Q. And so as early as 2013, you were presented with information from -- and I don't want to retread ground here, but from a trusted expert in this field that there were at least 6.1 million people in this country who were using controlled pharmaceuticals for nonmedical uses, right?
A. That's what he states here.
Q. And during that time period, again, I don't want to retread ground here, but based on your testimony earlier, during that period, Teva Pharmaceuticals was not reporting a single one of its prescription opioid orders as suspicious to the DEA, right?

MR. ANDRISANI: Objection, form, asked and answered.
THE WITNESS: During which time period?
BY MR. GASTEL:
Q. From the period covered by this slide.
A. 2011?
Q. Yes.
A. Yes.
Q. We've talked a lot today about chargeback data.
Do you remember that testimony?
A. Yes.
Q. Have you ever seen chargeback data -- well, I think the testimony earlier is that at some point in 2015, Teva started using chargeback data which it received on a monthly and quarterly basis.
Do you remember that testimony?
A. I remember saying that I don't know what we were doing with chargeback data. We may have reviewed it, but not using it in a systematic manner that we started using it in

2015.
Q. And at some point in 2015 you started using it as part of your SOM program, correct?
A. We began using it on a regular basis.
Q. And so -- and the chargeback data allows you as Teva, the manufacturer of these prescription opioids, to track down the supply chain to see where your pharmaceuticals are ultimately ending up, right?
MR. ANDRISANI: Objection, form, lack of foundation.
THE WITNESS: For those people that apply for chargebacks, yes, we would have that data.
BY MR. GASTEL:
Q. And it's not every single order from the Teva system, but it's the ones that you have the data for, right?
A. Yes.
Q. And you're getting that monthly and quarterly?
A. I don't know what the period is.

I don't review it myself.
Q. Have you ever looked at it yourself?
A. No.
Q. Well, let me --
MR. GASTEL: Will you pull up the Excel spreadsheet.
BY MR. GASTEL:
Q. I did not bring a copy of this Excel spreadsheet because it's enormous.
You will see at the top that it's -- the document is labeled Teva MDLA 01037285, and it carries the name "April 15 Chargeback Analysis."
Do you see that?
A. Yes.
MR. ANDRISANI: Do you know if it had came with a year?
MR. GASTEL: That is the name of the document as it appears in its native file, okay, "April 15 Chargeback Analysis."
MR. CRAWFORD: Do you have a Bates number for that.

MR. GASTEL: Yeah, yeah, it's there at the top.
MR. CRAWFORD: Okay, thank you.
BY MR. GASTEL:
Q. And then you'll see the column A there is calendar month 2015/04.
Do you see that?
A. Yes.
Q. Would that suggest to you that this data is covering calendar month April 2015?
A. I would assume so.
Q. And then it has a customer ID across the top, right, end customer?
A. Yes.
Q. Would that suggest to you that this is -- assuming that it's chargeback data is the chargeback data for the end customer who ultimately got the product that's listed there?
MR. ANDRISANI: Again, objection, lack of foundation. She said she's never looked at this before.
MR. GASTEL: That's all right.
THE WITNESS: I'm not familiar with the spreadsheet at all.

BY MR. GASTEL:
Q. Sure. And you've used Microsoft Excel before, right?
A. Yes.
Q. So and you know that you can manipulate data in Excel to make charts and tables, right?
A. Yes.
Q. I'm going to hand you a document that is what's called a pivot table that I made from this data, okay.
(Document marked for identification as McGinn Deposition Exhibit No. 35.)
MR. ANDRISANI: It is a document you created?
MR. GASTEL: Yes, from the data that's in this spreadsheet. And, again, I forget the exact number of lines in this spreadsheet, but it is hundreds of thousands, sorry, it's a 140,198 lines of data.
MR. ANDRISANI: And I think the chargeback data is stipulated as being

confidential on this, so this exhibit should also be marked confidential.
MR. GASTEL: Sure, and I'm --
MR. ANDRISANI: And if you could put on the record how you -- if you know what you used to create the pivot.
MR. GASTEL: Well, it's a pivot table and so --
MR. ANDRISANI: So you have to search on something, right?
MR. GASTEL: No. You just -- you select the columns that you want to add up.
BY MR. GASTEL:
Q. And if you go to --
MR. GASTEL: Can you scroll to the far end of the spreadsheet.
BY MR. GASTEL:
Q. And it says there at the top Indirect "Sales Quantity," do you see that?
A. Yes.
Q. And it lists the quantity for the individual.
Okay. So what this pivot table

is doing, just so you know, it's adding up -- you can see at the top that the "State (End Customer)" is Tennessee.
Do you see that?
A. Yes.
Q. Okay. And then it's adding up the sum of the indirect sales quantity.
Do you see that?
MR. ANDRISANI: I again object. I don't mind her saying that she sees it.
MR. GASTEL: Yeah, I understand.
MR. ANDRISANI: But you'd have to be witness as to how it's created.
MR. GASTEL: Sure.
THE WITNESS: I see it.
MR. GASTEL: And then can you pull up the chart now, please, which is document 2.
BY MR. GASTEL:
Q. And I don't want to focus on all of the drugs here. I do want to focus on the prescription opioids listed.
Do you see "Hydrocodone/APAP

10/325MG Tab 500"?
A. Yes.
Q. Do you see that?
A. Yes.
Q. And then it lists -- it lists essentially the customer that purchased this drug from Teva and then, again, as we talked about chargeback data, it's a way to track where these drugs ultimately end up.
You understand that that's what chargeback data does, right?
A. Yes.
MR. ANDRISANI: And I object to the form and the foundation as to what these are.
MR. GASTEL: Sure.
BY MR. GASTEL:
Q. And so, according to this document, Teva sold during the period covered by this particular spreadsheet, 5,807 of these bottles to AmerisourceBergen.
Do you see that?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: I object to it as

well. This lacks foundation.
THE WITNESS: I see it.
BY MR. GASTEL:
Q. And then you see that it says tab 500, that's -- tab 500 means the number of pills that are in that order, right?
MR. ANDRISANI: Objection, form, lacks foundation.
THE WITNESS: Yes.
BY MR. GASTEL:
Q. So if we're assuming that that is correct and you do the math, 5,807 of these prescription opioid bottles are being sold to AmerisourceBergen, and that constitutes 2.9 million pills?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Objection.
BY MR. GASTEL:
Q. Which is roughly 5,807 times 500?
MS. ROLLINS: Objection to form.
THE WITNESS: Okay.
BY MR. GASTEL:
Q. Assuming -- again, assuming that this -- that that's what this shows, that this

is 500 pills and being sold in the quantity 5,807, that would mean that that's 2.9 million pills, right?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Objection.
THE WITNESS: Rough math, yeah.
BY MR. GASTEL:
Q. And then, again, if you want to go down to the "Oxycodone HCL 15 MG Tab 500," and, again, just looking at the AmerisourceBergen line item, there's 5,411 of those orders, right?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Objection, lacks foundation, form.
BY MR. GASTEL:
Q. And that would translate into 541,100 pills, right?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Objection.
THE WITNESS: Yes.
BY MR. GASTEL:
Q. And then going to the next one, "Oxycodone HCL 30MG, Tab 100," there's, 4,009 of

those orders, right?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Same objection to the foundation.
THE WITNESS: Yes.
BY MR. GASTEL:
Q. And, again, if that tab 100 means that's the number of pills, that's 400,900 pills, right?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Objection.
THE WITNESS: Yes.
BY MR. GASTEL:
Q. And then take the last one there, "Oxycodone/APAP 10/325MG Tab 100."
Do you see that?
A. Yes.
Q. And then AmerisourceBergen is listed as receiving 1,200 -- I'm sorry -- 12,871 of those?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Objection to the foundation.
THE WITNESS: Yes.

BY MR. GASTEL:
Q. Which would translate to 1.2 million pills?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: Objection.
THE WITNESS: Yes.
BY MR. GASTEL:
Q. Which, again, this is just limited to the state of Tennessee based on the data that was in that spreadsheet.
MS. ROLLINS: Objection to form.
MR. ANDRISANI: And objection to foundation how this was created.
BY MR. GASTEL:
Q. And so that would translate that for whatever period of time that is covered by this chargeback analysis, Teva's internal data shows that it sent 5 million pills into Tennessee during that time period, right?
MS. ROLLINS: Objection to form.
MR. ANDRISANI: And again objection, assumes facts not in evidence.
THE WITNESS: It doesn't assume

that they stayed in Tennessee.
BY MR. GASTEL:
Q. Well, the chargeback data ultimately is meant to show what customer of your customer purchased these drugs, right?
A. Yes.
Q. And that's the whole purpose of the chargeback data is that it allows you to track it through the supply chain so that you can actually get down to see where your drugs are actually going, right?
A. Yes. Again, I have never looked at the chargeback data or know how the table works or what it's -- what you're saying here. I have never used it, I have never looked at it.
Q. Sure. And let's just assume that that fact is true. You as the -- as the senior director of DEA compliance, would it cause you concern that Teva was sending 5 million pills into the state of Tennessee?
MR. ANDRISANI: Objection.
THE WITNESS: Unless one of my SOM people told me there was a problem, I wouldn't know.

BY MR. GASTEL:
Q. And chargeback data is data of pills sent out, right?
MR. ANDRISANI: Objection.
THE WITNESS: It's not all the pills that were sent out but there's some portion of it.
BY MR. GASTEL:
Q. I get that. This is actually a lower estimate, because at the end of the day the chargeback data doesn't capture all the pills that go out?
A. It's a portion.
Q. It's a portion.
And in 2015 do you recall Mr. Tomkiewicz says how many suspicious orders that the SOM program at Teva had flagged?
A. I do not recall off the top of my head.
Q. If you recall, does four sound about right?
A. Can I look at the data?
Q. Sure.
A. I think it was Joe's

presentation. In 2015 there were four.
Q. 2014 there was one?
A. Yes.
Q. 2013 there was one?
A. It's not on here.
Q. 2016 there was zero?
A. Yes.
Q. So six total suspicious orders reported to the DEA?
A. Yes.
Q. And then all other orders were shipped out?
A. Yes.
Q. And, in fact, we saw the slide from 2015 from the audit that, according to the SOM process that you have in place, 95% of your controlled substances orders go out the door no questions asked, right?
MR. ANDRISANI: Objection, misstates the evidence.
THE WITNESS: According to what I remember, 95 -- according to what the auditor said, 95% of the orders were not flagged by the system.

BY MR. GASTEL:
Q. And then shipped out, right?
A. I don't know that all of them shipped out. They could have been canceled in the meantime. We may not have been able to supply.
Q. But other than that, you're shipping out all of the orders, right?
MR. ANDRISANI: Objection, form.
THE WITNESS: If we were able to supply it, yes.
BY MR. GASTEL:
Q. We talked a lot today about the big four distributors, which include Amerisource, correct?
A. Yes.
Q. And Cardinal?
A. Yes.
Q. Has Teva, to the best of your recollection, ever reported a single order from those customers to the DEA as suspicious?
A. I don't recall.
Q. We saw in your internal training documents earlier the line that said that there

were 6.1 million Americans in 2011 that were abusing controlled substances, right?
A. That was in the Bob Williamson presentation, yes.
Q. And throughout today we've seen that various PowerPoint presentations where you have the slide with the sales and the deaths and the hospital admissions due to addiction, right?
A. Yes.
Q. Did Teva ever attempt to scale down the upper control limits in its SOM algorithm to account for the fact that patients were abusing diverted opioids?
A. I don't know because I didn't make adjustments to upper control limits.
Q. Did anybody make adjustments to upper control limits?
A. Other people had the ability to adjust upper control limits.
Q. Do you know if that was ever done?
A. Adjustments in general?
Q. Yes.
A. Yes.

Q. Were adjustments ever done to Amerisource's orders?
A. I don't recall. I don't do it, so I don't know.
Q. Who would you ask that question to?
A. Joe Tomkiewicz.
Q. Did Teva ever attempt to go back and scale down the upper control limits in its SOM program to account for the fact that prior to 2012, it had a rudimentary SOM system in place, according to Mr. Buzzeo?
MR. ANDRISANI: Objection, form.
THE WITNESS: Again, that was his words, and he never audited the system, but I don't know if the upper control limits were adjusted.
BY MR. GASTEL:
Q. Did you ever talk to anybody in sales about the need to reduce sales to account for the fact that patients were abusing diverted opioids?
A. I don't recall a conversation.
Q. Do you know in what form the

chargeback data that Teva has is stored in?
MR. ANDRISANI: Objection.
THE WITNESS: I don't.
BY MR. GASTEL:
Q. Does Teva still get chargeback data on a monthly basis?
MR. ANDRISANI: Objection. She said she doesn't handle that.
THE WITNESS: I don't know how often he gets it.
BY MR. GASTEL:
Q. You were privy to the West Virginia Attorney General's 2012 lawsuit against AmerisourceBergen, correct?
MS. ROLLINS: Objection to form.
THE WITNESS: I don't -- I don't remember. I know that West Virginia was suing a number of people at one time. I don't know if that's what you're talking about or --
BY MR. GASTEL:
Q. Do you know if the West Virginia Attorney General also filed suit against Cardinal Health?

A. I don't.
Q. Did, to your knowledge, anybody ever adjust the upper control limits in the SOM program to account for the allegations in these complaints made by these public officials?
MR. ANDRISANI: Objection, form.
THE WITNESS: I don't know.
BY MR. GASTEL:
Q. Would you agree with me that opioid prescription rates per capita is one indicator of potential abuse of use of prescription opioids?
MR. ANDRISANI: Objection, lacks foundation.
THE WITNESS: Yes.
MR. GASTEL: Let me review my notes. Could we take a five-minute break.
MR. ANDRISANI: Sure.
MR. GASTEL: And we are very close to being done.
THE VIDEOGRAPHER: Off the record, 7:26.
(Brief recess.)

THE VIDEOGRAPHER: We're back on the record at 7:29.

MR. GASTEL: Ms. McGinn, I'm sure that this is going to be music to your ears, but subject to my previous objection, that's all the questions that I have for you right now.

MR. ANDRISANI: We have no questions. Thank you.

MS. ROLLINS: No questions.

THE VIDEOGRAPHER: That concludes today's deposition. The time is 7:29.

(Witness excused.)

C E R T I F I C A T I O N

I, MARGARET M. REIHL, a Registered Professional Reporter, Certified Realtime Reporter, Certified Shorthand Reporter, Certified LiveNote Reporter and Notary Public, do hereby certify that the foregoing is a true and accurate transcript of the testimony as taken stenographically by and before me at the time, place, and on the date hereinbefore set forth.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.

Margaret M. Reihl, RPR, CRR, CLR
CSR #XI01497 Notary Public

- - - - - -

E R R A T A

- - - - - -

PAGE LINE CHANGE

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

____ ____ _____

REASON: _____

ACKNOWLEDGMENT OF DEPONENT

I, COLLEEN McGINN, do hereby certify that I have read the foregoing pages, and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.

_____

COLLEEN McGINN DATE

Subscribed and sworn to before me this

_____ day of _____, 2018.

My commission expires:_____

_____

Notary Public